

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are the additions to a new policy manual 615, ND Child Welfare Policy and Practice. The entire manual is new with additions collected from three policy manuals including:

- 607-05, Child Welfare Practice Model (will be archived)
- 610-05, In-Home Case Management (will be archived)
- 624-05, Permanency Planning (portions are being moved now to eliminate duplication. Eventually this manual will be archived and no longer operational)

In the future, the 615 manual will be developed as the sole ND Child Welfare Policy and Practice Manual. It will take time to transfer multiple manuals into this one collective area, but the vision is to have all policy from CPS, prevention, services, permanency planning, payments, licensing, continuous quality improvement, etc. all in one area.

Par. 2. **Effective Date** – Changes included in this manual letter are effective on or after January 1, 2026, unless otherwise indicated.

Par. 3. **Issued By** – This manual letter was initiated by Case Management Redesign efforts and is overseen by Children and Family Services administration. If you have questions or concerns, please contact Kelsey Bless at [kmbless@nd.gov](mailto:kmbless@nd.gov) or Leah Honeyman at [lehoneyman@nd.gov](mailto:lehoneyman@nd.gov).

## **ND Child Welfare Policy & Practice 615**

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## **Policy and Practice Overview 615**

The Child Welfare Policy and Practice manual has been written to guide child welfare practice across North Dakota, specifically workforce employed by a Human Service Zone but also is inclusive of foster care case management services offered by Tribal Nations and the ND Division of Juvenile Services.

The policy is intended to be overarching for all programs. Currently, as written, this manual only includes portions of child protection services and case management. Overtime the policy manual will grow to include eligibility determinations, foster care payments, adoption and guardianship subsidy, licensing of family foster homes, interstate compact on the placement of children, continuous quality improvement standards and more.

## **ND Child Welfare Introduction 615-100**

The ND Department of Health and Human Services (HHS), Children and Family Services (CFS) section is designated by the Governor of North Dakota as the state agency responsible for administering ND child welfare programming and managing Title IV-B of the Social Security Act, CAPTA, and the Chafee Foster Care Independence Program Plan along with Title IV-E and portions of the Social Services Block Grant. CFS has administrative responsibility for the Child and Family Services Plan (CFSP), the policies and procedures relating to children and families, and for program supervision and technical assistance for the delivery of public child welfare services. CFS sets policy, provides oversight, and ensures consistency and compliance with child welfare practice requirements across the state. Human Service Zones act as the authorized local entities that directly administer and deliver child welfare services. This structure is designed to promote consistency, quality, and compliance with federal and state requirements, while still allowing local jurisdictions the flexibility to address the unique needs of their communities. Through clear policy

guidance, well-defined roles, and coordinated oversight, the state-supervised, county-administered child welfare system works to ensure that all children and families receive equitable, timely, and high-quality services, regardless of their county of residence.

North Dakota's child welfare services involve close collaboration amongst three public agencies: Human Service Zone, Division of Juvenile Services and Tribal Nations. These public agencies engage in ND child welfare practice using the Wraparound philosophy which endorses respect, honesty, equity, and self-determination. Wraparound principles guide the way child welfare agencies work with families.

North Dakota child welfare views the family (parents/caregivers and children) as the primary customer and parents hold the highest level of authority in the family and are the most accountable for safety and security within the family. Child welfare workforce seeks to have partnership with parents and/or caregivers for the purpose of not only minimizing level of intrusion and engagement with the family, but to enhance parent/caregiver protective capacity to enable parents/caregivers to provide a safe home for their children independent of the child welfare system. In addition to the relationship between child welfare agencies and parents/caregivers, it is important when seeking involvement from extended family, community supports, friends, etc. who may be called upon to help support the family throughout the case plan.

## **Statutory Authority 615-110**

ND Child Welfare practices follow a variety of state and federal laws as a foundation to the work done each day to keep children safe and families strong. Statutory authority provides the legal basis for child welfare agencies and workforce to protect children, clarify roles and responsibilities, ensure accountability, and balance child safety with family rights through consistent and ethical practices.

### Federal Law

1. [Social Security Act Title IV-B](#)
2. [Social Security Act §471, Foster Care and Adoption Assistance](#)
3. [Social Security Act §473, Adoption and Guardianship Assistance Program](#)
4. [Social Security Act §475, Foster Care Case Planning](#)
5. [Public Law 103-432 \(SSA Amendments\)](#)
6. [Indian Child Welfare Act 1978, S. 1214](#)
7. [Adoption and Safe Families Act of 1997 \(ASFA\), P.L. 105-89.](#)
8. [Child Abuse Prevention and Treatment Act \(CAPTA\)](#)
9. [Multi-Ethnic Placement Act \(MEPA\) of 1994](#)
10. [Adoption and Safe Families Act \(ASFA\) of 1997](#)
11. [Keeping Children and Families Safe Act of 2003](#)
12. [Fostering Connections to Success and Increasing Adoptions Act](#)
13. [Child and Family Services Improvement and Innovation Act](#)
14. [Every Student Succeeds Act \(ESSA\)](#)

15. [Victims of Child Abuse Reauthorization Act](#)
16. [Family First Prevention Services Act \(FFPSA\)](#)
17. [Preventing Sex Trafficking and Strengthening Families Act \(P.L. 113-183\)](#)
18. [Family First Transition Act](#)
19. [Supporting America's Children and Families Act](#)

#### State Law and Administrative Rule

1. [ND Century Code Chapter 27-19.1, ND ICWA](#)
2. [ND Century Code Chapter 27-20-1, Guardianship of a Child](#)
3. [ND Century Code Chapter 27-20.2, Juvenile Court Act](#)
4. [ND Century Code Chapter 27-20.3, Child Welfare](#)
5. [ND Century Code Chapter 27-20.4, Delinquency](#)
6. [ND Century Code Chapter 50-06, Dept of Health and Human Services](#)
7. [ND Century Code Chapter 50-09, Aid to Dependent Children](#)
8. [ND Century Code Chapter 50-11, Foster Care Homes for Children](#)
9. [ND Century Code Chapter 50-12, Child Placing Agency](#)
10. [ND Century Code Chapter 50-25.1, Child Abuse and Neglect](#)
11. [HHS Manual Chapter 110-01 \(Confidentiality\)](#)
12. [NDAC 75-03-14-05, Provision of Service](#)
13. [NDAC 75-03-18, Procedures for Appeal of Child Abuse and Neglect Assessments](#)
14. [NDAC 75-03-19, Assessment of Child Abuse and Neglect Reports](#)
15. [NDAC 75-03-19.2, Approved Locations for Abandoned Infants](#)

## Definitions 615-115

ND Child Welfare uses a variety of terms when working with children and families. Clear definitions help the workforce understand these terms and apply policy consistently, supporting fair and consistent decision-making.

### “Abandon” means:

As to a parent of a child not in the custody of that parent, failure by the non-custodial parent significantly without justifiable cause:

- To communicate with the child; or
- To provide for the care and support of the child as required by law; or
- As to a parent of a child in that parent’s custody:
  - To leave the child for an indefinite period of time without making firm and agreed plans, with the child’s immediate caregiver, for the parent’s resumption of physical custody;
  - Following the child’s birth or treatment at a hospital, to fail or arrange for the child’s discharge within ten days after the child no longer requires hospital care; or
  - To willfully fail to furnish food, shelter, clothing, or medical attention reasonably sufficient to meet the child’s needs.

“Abandoned Infant” means a child who has been abandoned before reaching the age of one year.

**"Abused child"** means an individual under the age of eighteen years who is suffering from abuse as defined in NDCC 14-09-22 caused by a person responsible for the child's welfare.

**"Acknowledged father"** means a man who has established a father-child relationship under NDCC 14-20-11 through 14-20-24.

**"Active Efforts (ICWA)"** means affirmative, active, thorough, and timely efforts intended primarily to maintain the child in the home, prevent removal of the child from the child's family, or, after removal, or reunite an Indian child with his or her family.

**"Administrative Review"** means a review open to the participation of the parents of the child, conducted by a panel of appropriate persons at least one of whom is not responsible for the case management of or the delivery of services to, either the child or the parents who are the subject of the review.

**"Adjudicated father"** means a man who has been adjudicated by a court of competent jurisdiction to be the father of a child. (NDCC 14-20-02)

**"Age or developmentally appropriate activities"** means activities that are generally accepted as suitable for children of a given chronological age or level of maturity or that are determined to be developmentally appropriate for a child based on the cognitive, emotional, physical, and behavioral capacities that are typical for children of a given age or age group, or in the case of a specific child, activities that are suitable for the child based on the cognitive, emotional, physical, and behavioral capacities of that child.

**"Aggravated Circumstances"** means circumstances in which a parent:

- a. Abandons, tortures, chronically abuses, or sexually abuses a child;
- b. Fails to make substantial, meaningful efforts to secure treatment for the parent's addiction, mental illness, behavior disorder, or any combination of those conditions for one year;
- c. Engages in conduct prohibited under sections 12.1-20-01 through 12.1-20-08 or chapter 12.1-27.2, in which a child is the victim or intended victim;
- d. Engages in conduct that constitutes one of the following crimes, or of an offense under the laws of another jurisdiction which requires proof of substantially similar elements:
  - 1) A violation of section 12.1-16-01, 12.1-16-02, 12.1-16-03, or 14-09-22 in which the victim is another child of the parent;
  - 2) Aiding, abetting, attempting, conspiring, or soliciting a violation of section 12.1-16-01, 12.1-16-02, or 12.1-16-03 in which the victim is a child of the parent; or
  - 3) A violation of section 12.1-17-02 in which the victim is a child of the parent and has suffered serious bodily injury;

- e. Engages or attempts to engage in conduct, prohibited under sections 12.1-17-01 through 12.1-17-04, in which a child is the victim or intended victim;
- f. In the case of a child age nine or older, has been incarcerated under a sentence for which the latest release date is after the child's age of majority;
- g. Subjects the child to prenatal exposure to chronic or severe use of alcohol or any controlled substance as defined in chapter 19-03.1 in a manner not lawfully prescribed by a practitioner; or
- h. Allows the child to be present in an environment subjecting the child to exposure to a controlled substance, chemical substance, or drug paraphernalia as prohibited by section 19-03.1-22.2.

**"Alleged father"** means a man who alleges himself to be, or is alleged to be, the genetic father or a possible genetic father of a child, but whose paternity has not been determined. The term does not include:

- a. A presumed father;
- b. A man whose parental rights have been terminated or declared not to exist; or
- c. A male donor. (NDCC 14-20-02)

**"Alternative response assessment"** means a child protection response involving substance exposed newborns which is designed to:

- a. Provide referral services to and monitor support services for a person responsible for the child's welfare and the substance exposed newborn; and
- b. Develop a plan of safe care for the substance exposed newborn.

**"Babysitting"** is short-term care of children receiving case management services when the kinship caregiver or foster care provider are temporarily away, however still available to respond if needed. A babysitter can be a responsible individual, between the ages of 14 and 21, secured to provide care and supervision for no more than eight consecutive hours in one day.

**"Blue light"** is the time agency workers spend working with families and supports through engagement activities that provide the most value.

**"Case Plans"** include identified goals developed with the family, which are specific, behavioral, and measurable with a focus on enhancing parent/caregiver protective capacities in order to establish child safety and a safe home. Case plans include tasks/change strategies, specified roles and responsibilities of providers, family members, and the case worker to assist the family in achieving the identified goals. In ND this may include the PCFA or PCPA, or a summary of the plan for the family to understand why the agency is involved and how to transition to case closure.

**"Case worker"** means the social worker or family service specialist assigned by the agency to assess, coordinate, and monitor services to families with identified present and/or impending danger threats that ensure the safety, permanency, and well-being of children.

**“Change strategy”** refers to a well-defined approach that identifies specific tasks, services and activities for the purpose of supporting and enhancing diminished parent/caregiver protective capacities, ideally developed mutually with the parent/caregiver and including formal and informal elements.

**“Child”** means an individual who is:

- a. Under the age of eighteen years and is not married; or
- b. Under the age of twenty years with respect to a delinquent act committed while under the age of eighteen years and not married (NDCC 27-20-02.(4)) or
- c. Over the age of 18 who chooses to remain in the 18+ continued foster care program (NDCC 27-20.3-16).

**“Child Protection Worker”** means a social worker or family services specialist designated by the agency to assess reports of child abuse or neglect, identify present and impending danger threats to a child’s safety, and determine if maltreatment has occurred. CPS workers are responsible for conducting initial safety and risk assessments, assessing present dangers, implementing plans to address these dangers, and determining the appropriate level of intrusion required to ensure the child’s safety.

**“Child in need of protection”** means a child:

- a. Is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental, or emotional health, or morals, and the need for services or protection is not due primarily to the lack of financial means of the child's parents, guardian, or other custodian;
- b. Has been placed for care or adoption in violation of law;
- c. Has been abandoned by the child's parents, guardian, or other custodian;
- d. Is without proper parental care, control, or education as required by law, or other care and control necessary for the child's well-being because of the physical, mental, emotional, or other illness or disability of the child's parent or parents, and that such lack of care is not due to a willful act of commission or act of omission by the child's parents, and care is requested by a parent;
- e. Is in need of treatment and whose parents, guardian, or other custodian have refused to participate in treatment as ordered by the juvenile court;
- f. Was subject to prenatal exposure to chronic or severe use of alcohol or any controlled substance as defined in chapter 19-03.1 in a manner not lawfully prescribed by a practitioner;
- g. Is present in an environment subjecting the child to exposure to a controlled substance, chemical substance, or drug paraphernalia as prohibited by section 19-03.1-22.2;
- h. Is a victim of human trafficking as defined in title 12.1; or
- i. Is in need of care and treatment and:
  - 1) Has been diagnosed with a severe mental health condition or behavioral health disorder by a licensed child psychologist or psychiatrist;

- 2) Has committed an act of a violent or sexual nature against another family member living in the household, which if committed by an adult would be considered a crime under the laws of this state, and if the criteria under section 27-20.4-11 are met, has at minimum been considered for informal adjustment; and
- 3) Whose parent is unable to provide proper control of the child and is in fear for the safety of a family member living in the same household as the child.

**"Child Protection Assessment"** is a fact-finding process designed to provide information that enables a determination to be made that services are required to provide for the protection and treatment of an abused or neglected child and an evidence-based screening tool.

**"Child Welfare Information System"** is the web-based case record system operated by HHS Children and Family Services (CFS). (i.e. FRAME/OCEANS).

**"Conditions For Return"** means a written statement of specific behaviors, conditions or circumstances that must exist within a child's home before a child can safely return and remain in the home with an in-home ongoing safety plan. The conditions for return are embedded within the safety determination analysis questions of the CPS assessment, PCFA and PCPA.

**"Custodian"** means a person, other than a parent or legal guardian, which stands in loco parentis to the child and a person that has been given legal custody of the child by order of a court. For purposes of this chapter, custodian or custodial agency refers to a Human Service Zone, Division of Juvenile Services, or Tribal Nation.

**"Danger Threshold"** refers to the point at which family behaviors, conditions, or situations rise to the level of directly threatening the safety of a child. The danger threshold is crossed when family behaviors, conditions, or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. They are now active at a heightened degree, a greater level of intensity, and are judged to be out of the parent's/caregiver's or family's control thus having implications for dangerousness.

**"Degree (level) of intrusion"** refers to the type of agency response that will ensure the child's safety in the least intrusive manner and ranges from no intervention necessary (the child is deemed safe) to child placement out of the home with custody granted to a public agency by the court.

**"Department"** means the North Dakota Department of Health and Human Services or its designee. The Children and Family Services (CFS) Section provides leadership for the planning, development and oversight of North Dakota's child welfare system.

**"Dual status youth"** means children who have active involvement in one system (either child welfare or juvenile justice system) with concurrent involvement and/or history in the other system within the past year.

**"Family Centered Engagement meetings"** are an engagement strategy designed to create a participatory and inclusive process that brings together those with relationships to the children and services providers to improve child welfare decision-making and outcomes for eligible children. There are two tracks for FCE meetings: Front-End (diversion from foster care) and Dual Status Youth in foster care.

**"Family interaction plans"** mean a scheduled time for family members to interact with one another (visitation) in order to maintain and strengthen their relationships and connections when a child is placed out of the home.

**"Family services assessment"** means a child protection services response to reports of suspected child abuse or neglect in which the child is determined to be at low risk and safety concerns for the child are not evident according to guidelines developed by the department. (NDCC 50-25.1-02)

**"Federally Recognized Tribe"** or **"Indian Tribe"** means any Indian Tribe, band, nation, or other organized group or community of Indians recognized as eligible for the services provided to Indians by the Secretary of the Interior because of their status as Indians, including any Alaska Native Village as defined in 1602(c) of title 43. (25 U. S. C. 1903(8)).

**"Formal supports"** are professional service providers who assist the family in assuring safety for the child and accomplishing case goals (e.g. therapists, parent aides, case aides, teachers, etc.).

**"Foster Care For Children"** means the provision of substitute parental child care for those children who are in need of care for which the child's parent, guardian, or custodian is unable, neglects, or refuses to provide, and includes the provision of food, shelter, security and safety, guidance, and comfort on a twenty-four-hour basis, to one or more children under twenty-one years of age to safeguard the child's growth and development and to minimize and counteract hazards to the child's emotional health inherent in the separation from the child's family. Foster care may be provided in a licensed, certified, or approved family foster home for children, supervised independent living program, or qualified residential treatment program (QRTP). (NDCC 50-11-00.1)

**"Family foster home for children" or "Foster Home"** means an occupied family residence in which foster care is regularly provided by the owner or leasee thereof to no more than six children, unless the department approves otherwise. (NDCC 50-11-00.1)

**“Full kit”** is the information required by each program to allow for proper notification and documentation which may include different requirements for intake, CPS, transition to case management, licensing, adoption, eligibility, etc.

**“Goals”** are specific, behavioral, and measurable, agreed upon by the child and family team, and included as part of the case plan. Goals focus on enhancing parent/caregiver protective capacities in order to establish and sustain child safety and a safe home.

**“Guardian”** is an individual who has been appointed by a court and granted the legal authority and responsibility to care for a child. This authority typically includes making decisions related to the person’s care, safety, education, medical treatment, and general welfare, unless limited by the court.

**“Household member”** means all individuals living together in the same dwelling. This includes individuals who live in the home full-time or part-time. Any adult who lives in the home regularly (full-time or part-time) is considered a household member.

**“ICWA Family Preservationist”** (IFP) An ICWA Family Preservationist (IFP) is an authorized representative of a Tribal Nation whose primary role is to support the timely and accurate implementation of the Indian Child Welfare Act (ICWA) by representing the Tribe’s interests, informing culturally grounded practice, and contributing to ICWA-related findings, including active efforts and the safety and wellbeing of the child.

**“Indian Custodian”** is any Indian person who has legal custody of an Indian child under tribal law or custom or under state law, or to whom a parent has temporarily transferred physical care, custody, and control of the child to. Similar to that of a “guardian” (25 U.S.C. § 1903(6))

**“Imminent”** refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or inevitability that danger and harm are possible, even likely, outcomes without intervention.

**“Impending danger”** is a foreseeable state of danger in which family behaviors, attitudes, motives, emotions, and/or situations pose a threat which may not currently be active but can be anticipated to have severe effects on a child at any time in the near future and require safety intervention. The danger may not be obvious at the onset of CPS intervention, or occurring in the present context, but can be identified and understood upon more fully evaluating individual and family conditions and functioning. There are fourteen (14) impending danger threats contained as criteria for assessing, determining, and recording the presence of impending danger.

**“Indian child”** means any unmarried person who is under the age of eighteen and is either a member of an Indian Tribe or is eligible for membership in an Indian Tribe and is the biological child of a member of an Indian Tribe (25 USC 1903(4), ICWA).

**“Informal supports”** means individuals who provide assistance and support to the child and family but are not paid (e.g. extended family members, friends, neighbors, clergy, etc.).

**“In-home safety plan”** refers to safety management so that safety services, actions, and responses assure a child can be kept safe in his/her own home. In-home safety plans include activities and services that may occur within the home or outside the home but contribute to the child remaining home.

**“Level of effort”** refers to the type and intensity of supports and/or services necessary to control impending danger and assure child safety.

**“Needs”** are the conditions or resources of both the child and family that ensure safety, permanency, and well-being. This encompasses the following:

- Safety needs
- Basic physical needs
- Developmental needs
- Emotional/behavioral needs
- Permanency needs
- Cultural and identity needs

**“Neglected child”** means a child who, due to the action or inaction of a person responsible for the child's welfare:

- a. Is without proper care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental, or emotional health, or morals, and is not due primarily to the lack of financial means of a person responsible for the child's welfare;
- b. Has been placed for care or adoption in violation of law;
- c. Has been abandoned; Is without proper care, control, or education as required by law, or other care and control necessary for the child's well-being because of the physical, mental, emotional, or other illness or disability of a person responsible for the child's welfare, and that such lack of care is not due to a willful act of commission or act of omission, and care is requested by a person responsible for the child's welfare;
- d. Is in need of treatment and a person responsible for the child's welfare has refused to participate in treatment as ordered by the juvenile court;
- e. Was subject to prenatal exposure to alcohol misuse or any controlled substance as defined in section 19-03.1-01 in a manner not lawfully prescribed by a practitioner;
- f. Is present in an environment subjecting the child to exposure of a controlled substance, chemical substance, or drug paraphernalia as prohibited by section

- 19-03.1-22.2, except as used in this subsection, controlled substance includes any amount of marijuana; or
- g. Is a victim of human trafficking as defined in title 12.1.

**“Normalcy”** means giving children the opportunity to engage in typical growth and development. This includes participation in age-appropriate activities, responsibilities and life skills.

**“Observable”** refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen, identified and understood and are subject to being reported, named, and justified. The criterion “observable” does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

**“Out-of-control”** refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family’s control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system. The family cannot or will not control these dangerous behaviors, conditions or situations.

**“Out-of-home safety plan”** refers to safety management when a child cannot be kept safe in his/her own home. Out-of-home safety plans involve child placement in a safe and stable environment with kinship caregivers or foster care providers.

**“Parent/caregiver protective capacities”** refer to personal and parenting behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person being protective of his/her child. A protective capacity is a specific quality that can be observed, understood, and demonstrated as part of the way a parent/caregiver thinks, feels, and acts that makes him/her protective.

**“Person responsible for the child's welfare”** means an individual who has responsibility for the care or supervision of a child and who is the child's parent, an adult family member of the child, any member of the child's household, the child's guardian, or the child's foster parent; or an employee of, or any person providing care for the child in, a child care setting. For the purpose of institutional child abuse or neglect, "A person responsible for the child's welfare" means an institution that has responsibility for the care or supervision of a child.

**“Permanency hearing”** means a hearing, conducted with respect to a child who is in foster care, to determine the permanency plan for the child. (NDCC 27-20.3)

**“Placement Disruption”** means when a child has an unplanned or unexpected move from one placement to another (including relative/fictive kin) due to caregivers being unable to meet the needs of the child.

**"Placement Instability"** means multiple unplanned and/or disruptive changes in a child's living arrangement after entering foster care. Instability does not include secondary placement settings such as respite, camp, hospital stays or planned visitation or transitions which contribute to meeting the child's permanency goals.

**"Present Danger Threats"** refer to immediate, significant, and clearly observable family conditions that are actively occurring or 'in process' of occurring at the point of contact with a family and will likely result in severe harm to a child.

**"Present Danger Plan"** is an immediate, short term, and sufficient action that protects a child from present danger threats by providing the child with responsible adult supervision and care.

- a. "Immediate" means that the plan is capable of controlling present danger the same day it is created. Before the worker or case worker leave the family, the present danger plan is in motion and confirmed.
- b. "Short term" means that the plan only needs to control the present danger situation until sufficient information can be gathered and analyzed to determine the need for a longer-term safety plan.
- c. "Sufficient" means that the adults who will provide care and supervision of the child are responsible, available, trustworthy, and capable of fulfilling their responsibilities within the present danger plan. It is confirmed that the responsible adults are willing to cooperate and are emotionally and physically capable of carrying out the protective actions needed to keep the child safe.

**"Presumed father"** means a man who, by operation of law under section 14-20-10, is recognized as the father of a child until that status is rebutted or confirmed in a judicial proceeding. (NDCC 14-20-02)

**"Protected Time"** is a scheduled block of time reserved for the worker to complete necessary documentation, assessments and referrals that support their blue light and the family.

**"Protective Capacities Family Assessment"** (PCFA) is a collaborative process between the case worker and the parent/caregiver to examine and understand the behaviors, conditions, or circumstances that resulted in a child being unsafe. The collaborative process identifies protective capacities that can be employed to promote and reinforce change and diminished protective capacities that must change in order for the parent/caregiver to regain full responsibility for the safety of the child.

**"Protective Capacities Progress Assessment"** (PCPA) is completed after the Case Plan is in effect and continues until case closure. The PCPA checks in on the quality of the helping relationship between the parents/caregivers and the agency, and the degree to which specific behaviors or conditions are changing in the intended direction.

**"Protective Services"** includes services performed after an assessment of a report of child abuse or neglect has been conducted, such as social assessment, service planning, implementation of service plans, treatment services, referral services, coordination with referral sources, progress assessment, monitoring service delivery, and direct services. (NDCC 50-25.1-02)

**"Qualified Expert Witness (QEW)"** means an individual qualified to testify regarding whether the child's continued custody by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child and should be qualified to testify as to the prevailing social and cultural standards of the Indian child's Tribe. A QEW may be designated by the Indian child's Tribe but ultimately is the responsibility of the custodial agency and/or court to secure QEW's for ICWA cases. The case worker regularly assigned to the Indian child may not serve as a QEW in child-custody proceedings concerning the child.

**"Qualified Residential Treatment Program (QRTP)"** means a licensed or approved residence providing an out-of-home treatment placement for children.

**"Re-establishment of the legal parent and child relationship"** means the physical reunification of a child under the custody of the Human Service Zone or division of juvenile services, and a previously terminated genetic parent (biological mother or father), and restoration of all rights, powers, privileges, immunities, duties, and obligations that were severed and terminated by the court. (NDCC 27-20.6).

**"Reasonable and Prudent Parent Standard"** means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child participating in extracurricular, enrichment, cultural, and social activities.

**"Reasonable efforts"** means the exercise of due diligence, by the agency granted authority over the child under this chapter, to use appropriate and available services to meet the needs of the child and the child's family in order to prevent removal of the child from the child's family or, after removal, to use appropriate and available services to eliminate the need for removal, to reunite the child and the child's family, and to maintain family connections. In determining reasonable efforts to be made with respect to a child under this section, and in making reasonable efforts, the child's health and safety must be the paramount concern. (NDCC 27-20.3-18)

**"Relative"** also known as **"Fit and Willing Relative"** or **"Identified Relative"** or **"Kinship Caregiver"** means a relative or other individual who identifies as the child's grandparent, great-grandparent, sibling, half-sibling, aunt, great-aunt, uncle, great-uncle, nephew, niece or first cousin. Also includes an individual with a relationship to the children, derived through a stepparent, current or former spouse of the child's parent or an individual from the child's community known to have a relationship with the child. (NDCC 50-11-00.1)

**"Respite care"** is as a pre-planned arrangement available to a parent/caregiver who needs temporary relief care for a child with special medical, emotional, or behavioral needs who requires time-limited supervision and support by an eligible respite care provider.

**"Reunification"** is the process and outcome of returning a child, who has been placed out of the home, back to the care of their parent/guardian after the conditions that led to removal have been sufficiently planned for with an in-home safety plan.

**"Safe child"** is one in which no threats of danger exist within the family, or parents/caregivers possess sufficient protective capacity to manage any threats, or the child is not vulnerable to the existing danger.

**"Safe home"** refers to the required safety intervention outcome that must be achieved in order for a case that involves an unsafe child to be successfully closed. A safe home is a qualified environment and living circumstances that once established can be judged to assure a child's safety and provide a permanent living arrangement. A safe home is used in the Adoption and Safe Families Act (ASFA) as the objective of child welfare agency intervention and qualified by:

- 1) The absence or reduction of threats of severe harm;
- 2) The presence of sufficient parent/caregiver protective capacities; and
- 3) Confidence in consistency and endurance of the conditions that produced the safe home.

**"Safety assessment"** means the identification and focused evaluation of impending danger threats as part of the initial CPS assessment and continues throughout the life of the case.

**"Safety determination analysis"** refers to the examination of safety intervention information, impending danger threats as identified by the CPS assessment, and parent/caregiver protective capacities in order to determine if the child is safe or unsafe and if unsafe, create a safety plan.

**"Safety Plan"** is a written arrangement between parents/caregivers and the agency that is required when a child is concluded to be unsafe. A safety plan establishes how impending danger threats will be managed. It is implemented and active as long as impending danger threats exist, and parent/caregiver protective capacities are insufficient to assure a child is protected.

**"Secondary Trauma"** is the emotional response that results when child welfare professionals are indirectly exposed to the graphic details of others' traumatic experiences and to their posttraumatic stress symptoms.

**"Services"** are interventions and resources provided to children, parents and caregivers to address safety concerns, therapeutic needs, reduce risk and assist the

family to accomplish their case plan goals (e.g. counseling, mentoring, treatment, etc.)

**"Severe harm"** refers to detrimental effects consistent with serious or significant injury, disablement, grave/debilitating physical health or physical conditions, acute/grievous suffering, terror, impairment, or death.

**"Severity"** refers to the degree of harm that is possible or likely without intervention. As far as danger is concerned, the danger threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment and death. The danger threshold is also in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child. In judging whether a behavior or condition is a threat to safety, consider if the harm that is possible or likely within the next few weeks has potential for severe harm, even if it has not resulted in such harm in the past. In addition to this application in the threshold, the concept of severity can also be used to describe maltreatment that has occurred in the past.

**"Sexually abused child"** means an individual under the age of eighteen years who is subjected by a person responsible for the child's welfare, or by any individual, including a juvenile, who acts in violation of NDCC 12.1-20-01 through 12.1-20-07, sections 12.1-20-11 through 12.1-20-12.3, NDCC 12.1-27.2. (NDCC 50-25.1-02)

**"Sibling"** means individuals who have one or more parents in common either biologically, through adoption, or through the marriage of their parents.

**"Substitute care"** is temporary care of the children when the kinship caregiver or foster provider is unavailable to provide supervision and care for more than a portion of one day.

**"Supports"** are formal and informal sources provided to children, parents and caregivers to strengthen the family's capacity to care for children safely and sustain progress (e.g.: family, friends, transportation or financial assistance, support group).

**"Tasks,"** or change strategies, are clearly defined steps/activities within a case plan that describe how change will be accomplished so that the goal is achieved.

**"Threats to child safety"** refers to specific conditions, behaviors, emotions, perceptions, attitudes, intents, actions, or situations within a family that represent the potential for severe harm to a child. (e.g.: present danger or impending danger threats).

**"Trauma"** is an emotional, psychological, or physical response to an event or series of events that threaten a person's safety, overwhelm their ability to cope or cause intense fear, helplessness, or distress, resulting in short and long-term impacts.

**“Trauma-informed practice”** involves an ongoing awareness of how traumatic experiences may affect children and families. A trauma-informed workforce recognizes the impact of trauma on a person’s development, behavior and relationships and responds in ways that promote safety, empowerment, and healing. A trauma-informed workforce is aware of how certain actions and physical spaces have the potential to retraumatize or trigger behaviors in those they serve.

**“Unsafe child”** is one in which threats of danger exist in the family, and the child is vulnerable to such threats, and parents/caregivers have insufficient protective capacities to manage or control the threats.

**“Vulnerable child”** refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 through 6 and older children who, for whatever reason, are not able to protect themselves or seek help from others.

**“Warm Handoff”** is the action of transferring a child welfare case across the workflow process. A full kit of information is required as part of a warm handoff. In a typical child welfare case, there are three warm handoffs:

1. CPS referral to case management supervisor,
2. Case transition staffing between CPS and case management, and
3. Case worker initial contact with the family.

**“Wraparound”** is a strength-based philosophy of care using a definable process of partnering with the family to assure child safety, permanency, and wellbeing.

## **Forms 615-120**

ND child welfare has a variety of forms to help ensure accuracy, consistency and processes are followed to ensure compliance with case planning, but also to authorize payments to kinship caregivers or licensed foster care providers and facilities. ND child welfare related forms can be found on the state website at [ND Forms](#).

Frequently utilized forms include:

1. [SFN 45](#), Notice of Change: This form is required and must be completed each time changes occur in the child's case; including placement, foster care status, and parent information. The intent of this form is to quickly update/alert the CFS FCSA Eligibility Unit assigned eligibility worker to make payment adjustments accordingly. Overpayments will occur if the eligibility worker is not notified of a placement/status change.
2. [SFN 60](#), 18+ Continued Care Agreement: This form is only required if a child is voluntary agreeing to remain in or return to the 18+ Continued Care program.

3. [SFN 327](#), Foster Family Claim of Property Damage: This form is only required if property damage occurs in the foster home and the foster care providers would like to file a claim. The form is completed by the foster care provider and submitted to CFS by the case worker or authorized licensing agent worker within 90 days of the discovery of the property damage.
5. [DN 402](#), Foster Youth Rights: This document is required and must be signed annually and on file for all children in foster care age 14 or older.
6. [SFN 494](#), Transition Checklist: This document is required for all children in foster care turning age 18. The checklist must be completed no greater than 90 days prior to the child's 18th birthday, this allows time for documentation and items to be collected and provided to the child upon discharge.
7. [SFN 573](#), Runaway & Missing Youth Screening: This form is required only when a child in foster care is located after running away or going missing. The screening is used to help identify if a child was a victim of sex trafficking or exploited when not under direct supervision and care of a foster care provider.
8. [SFN 772](#), Absent Parent - Relative Search: This form is not required but may be used to document relative search options verified by the case worker.
9. [SFN 928](#), Agreement to Furnish Shelter Care: This form is required when a foster care provider enters into an agreement to furnish temporary shelter care for children in or out of public custody, arranged for by a public agency to provide a time-limited safe dwelling under the supervision and care of a licensed foster care provider.
10. [SFN 929](#), Agreement to Furnish Respite Care: This form is required when a foster care provider or licensed child care provider enters into an agreement to furnish temporary respite care for a child with special medical, emotional or behavioral needs, which requires time-limited supervision and care by a licensed provider.
11. [SFN 1033](#), Travel Authorization: This form is intended to provide permission for a child in foster care to travel in-state or out-of-state with another approved party.
12. [SFN 1040](#), Reasonable and Prudent Parenting Consent: This form is intended to provide permission for a child in foster care to participate in various activities and events throughout their placement with a foster care provider.
13. [SFN 1197](#), Transition Plan Agreement: This form is completed by the agency worker when additional planning from a facility into family setting is required.
14. [SFN 1612](#), Foster Care Verification: This form can be used for all children in foster care exiting public custody as verification of their time in care. This form is

required for all children in foster care, over the age of 14, prior to their discharge from care.

15. [SFN 1613](#), Chafee Referral - Current Foster Youth: This form is required when a custodial case worker is referring children in foster care to the Chafee Transition Program.
16. [SFN 1614](#), Chafee Referral - Foster Care Alumni: This form is required when a former child in foster care is seeking access to the Chafee Transition Program.
17. [SFN 1865](#), Child Needs Assessment: This form is required as a needs assessment when an Excess Maintenance Payment (EMP) is being considered. The form is completed by the case worker, reviewed by supervisor, and approved by CM FSS.
18. [SFN 1944](#), Request for use of the Federal Parent Locator Service (FPLS) for Child Welfare Services: This form is required when relative search is engaged. The form is completed by the case worker and submitted to the assigned CFS Field Service Specialist to formally request address, employment, and other pertinent information on relative parties from HHS Child Support.
19. [SFN 18119](#), School District Notification: this is an online electronic notification document required by NDDPI for all school aged children in foster care. Notification is required four different times throughout the life of the case (entry, placement changes, September each year, and closure).

#### Safety Framework Practice Model Forms

Safety framework requires case workers to utilize these forms and tools located currently [CFSTC Website: Safety Framework Practice Model tools](#)

1. Tool 2.1: Present Danger Assessment Form
2. [SFN 455](#): Present Danger Plan Form
3. Tool 2A: Present Danger Assessment and Planning Guide
4. Tool 3B: Impending Danger Threats & Danger Threshold Guide (Hardcard)
5. Tool 4: Safety Plan Form
6. Tool 5: Protective Capacities Family Assessment (PCFA) Form
7. Tool 5A: Parent/Caregiver Protective Capacities Guide (Hardcard)
8. Tool 6: Case Plan Form
9. Tool 7: Protective Capacities Progress Assessment (PCPA) Form
10. Tool 8: Safe Placement Settings Assessment (SPSA)

#### Foster Care Eligibility and Reimbursement Forms

Every child who enters foster care must have their eligibility determined by the Children and Family Services Foster Care Sub-Adopt Eligibility Unit. The child's eligibility is determined based off of standards set by Title IV-E of the Social Security

Act. Eligibility determinations directly impact the payment source for reimbursement to a license, certified or approved foster care provider.

1. [SFN 630](#), Foster Care Placement Notification
2. [SFN 641](#), Title IV-E/Title XIX Application
3. [SFN 642](#), Title IV-E/Title XIX Redetermination
4. [SFN 903](#), Provider Reimbursement Request
5. [SFN 920](#), Foster Care – Child Care Invoice
6. [SFN 1042](#), Irregular Foster Care Payments: This form is only completed when the irregular payment requires special instructions, (e.g.: max clothing purchases or mileage vs gas receipt).
7. Additional required forms can be found in manual chapter 623-05.

### Guardianship

In cases where guardianship is considered for permanency planning, specific forms are used to apply for subsidy.

1. [SFN 1833](#), Application for Subsidized Guardianship
2. Additional required forms can be found in manual chapter 623-10

### Foster Care Licensing

Licensing forms can be found in manual chapter 622-05. The most relevant forms for case management to be aware of include:

1. [SFN 327](#) "Family Foster Care Claim of Property Damage" is to be completed by the care provider and submitted by the child's custodial case worker within 90 days of the discovery of the property damage.
2. [SFN 1017](#) "Foster Care Licensing Amendment Request" is required to be submitted to the CFS Licensing Unit ([cfslicensing@nd.gov](mailto:cfslicensing@nd.gov)) by custodial case worker in order for a family foster care provider to receive an amendment to the license.

## **Child Welfare Information System and File Retention 615-125**

Child welfare case information is maintained in compliance with state and federal requirements to ensure child safety, legal accountability, and the continuity of services for children and families. North Dakota operates a statewide Child Welfare Information System, which serves as the official system of record for child welfare case management, child protection, and federal data reporting. North Dakota maintains information in a production database (referred to as FRAME or OCEANS) and a data warehouse, both sources ensure timely access to case information necessary for case movement, administrative oversight, and compliance. Child welfare workforce with access to the Child Welfare Information System include employees from Children and Family Services, Human Service Zone child protection workers, case management case workers, supervisors, directors, administrative

assistants or office managers, Division of Juvenile Services case workers, Chafee Transition Coordinators, and Child Support case workers. At this time, Tribal Nations have information for Title IV-E eligible children added to the information system by Children and Family Services.

This policy provides guidance to establish and maintain record retention and destruction processes for child welfare cases. Records management is the professional practice of identifying, classifying, preserving, and disposing of the records, while capturing and maintaining the evidence of an organization's business activities as well as reducing the risks associated with it. Electronic records management is the efficient management of records stored on computerized systems.

The Department of Health and Human Services and local Human Service Zones are responsible for managing their records, so that the records are accessible for administrative purposes, preserved for historical or research purposes and destroyed when they are no longer necessary (see NDCC 50-06-15 and Policy 110-01). Records management practices must comply with state and federal statutes and requirements.

Child welfare records must be maintained according to the Records Retention Schedule adopted by the Department. Legally, records may not be destroyed until the retention period has expired. Records may not be destroyed prior to the end of the retention period. Records must be destroyed at the end of the retention period. If records are related to an active tort claim or lawsuit, the records must be kept until the litigation is concluded, even if it is beyond that of the normal retention schedule.

Child welfare records received electronically are subject to the same controls and uses as records collected by governmental offices visited in person. An agency may be required to disclose collected information pursuant to a court order. In addition, an agency may be authorized to share this information with other agencies for purposes authorized in law. Information not specifically addressed in this policy must be disclosed pursuant to the North Dakota Open Records Law ([NDCC 44-04](#)).

### **Child Welfare Information System Requirements 615-130**

The ND Child Welfare Information System (e.g.: FRAME/OCEANS) is a secure software program utilized by child welfare workers, Children and Family Services (CFS) administration and approved partnering agencies to store, manage and analyze case details involving children and families.

The Child Welfare Information System supports the day-to-day work and legal responsibilities of child welfare agencies, including protecting children from abuse and neglect, supporting families to keep children safely at home when possible, managing case management services such as in-home safety plans, foster care, kinship care, guardianship and adoption services, while meeting state and federal reporting and compliance requirements.

The Child Welfare Information System maintains comprehensive case record details including, but is not limited to:

- Family Unit demographics
- Child abuse and neglect reports and assessment details
- CPS Index
- Child and Family Team Meetings
- Relative search results
- Case updates and activity logs
- Case plans and goals
- Court orders
- Placement history
- Educational information
- Chafee participation and independent living services
- Credit reporting
- Permanency outcomes (reunification, adoption, guardianship)

The Child Welfare Information System requires workers to enter accurate and timely details to assist in the overall monitoring of case movement, compliance and continuous quality improvement efforts. Policy requires timeliness for data entry:

1. Opening/Registering Case Management = 14 calendar days from the date of agency involvement.
2. Opening/Registering CPS= Immediately upon Intake
3. CPS Assessments = 62 days from the date of CPS report, unless otherwise approved through an extension.
4. Face-to-face visits = 10 calendar days from date of the visit. All ND face-to-face visit data is extracted from the system monthly by CFS to calculate statewide compliance.
5. Court Orders = 7 calendar days of receipt of final order from the court.
6. Placements = 2 calendar days of placement change to avoid overpayment.
7. CFTM/ Perm Plans = 10 calendar days from date of the quarterly meeting.
8. Permanency Goals = 10 calendar days from date of goal change.
9. Case Activity Log = ASAP or weekly during worker protected time.
10. Closing a case= 30 calendar days from date of case closure.

### Entry into Foster Care

North Dakota recognizes a child is in foster care if a child meets the definition of "foster care for children" (NDCC 50-11) and a current court order gives a public agency care, custody, and control. Any child under the temporary custody of a public agency (Human Service Zone, DJS or Tribal Nation) and placed in foster care for greater than 24 hours must have the case registered and the foster care program opened in the Child Welfare Information System.

### Short Stayer - Less than 96 hours

A child removed from a parent/guardian in which custody is granted through a temporary custody order (TCO) to a public agency greater than 24 hours, but less

than 96 hours is referred to as a short stayer. The child must be discharged from foster care within 96 hours from the time of placement out of the home.

The case worker is required to submit the SFN 630 Foster Care Placement Notification and temporary custody order to the CFS Foster Care Sub-Adopt (FCSA) Eligibility Unit. The SFN 630 will indicate the custody and placement details. A child that meets the short stayer criteria will be eligible for reimbursement through regular match (general state funds). The case worker must open the case in the Child Welfare Information System and enter required information including program start and end dates, placement dates, etc. The valid temporary custody order allows for reimbursement of the case at regular match.

### **Policy Exceptions 615-135**

The Department of Health and Human Services, Children and Family Services Section, has the authority to grant a policy exception to an agency when the intent of a specific policy requirement can be met in an alternative way, and when strict application would not best meet a child's or family's needs or would create an unintended barrier to safety, permanency, or wellbeing.

Policy exceptions may not be granted if the request is a direct conflict with federal or state law or administrative rule. Policy exceptions may be granted to:

1. Protect a child's safety when strict requirements could delay services
2. Support a child-centered, family-specific decision that policy did not anticipate
3. Address unique or emergency circumstances
4. Allow flexibility while still honoring the intent of the policy
5. Support culturally responsive or community-specific practices, when appropriate

Policy exceptions are granted sparingly to allow flexibility in unique situations, ensuring decisions remain lawful, ethical, and focused on the best interests of the child and family. Exceptions can only be made by a member of the Children and Family Services leadership team when justification for the exception and the alternative provision to meet the requirement(s) is documented in the Child Welfare Information System and approved by an agency supervisor or his/her designee.

### **Child Welfare Workforce & Training 615-200**

The effectiveness of the ND child welfare system depends not only on policies and programs but also on the strength, expertise, and resilience of the workforce to carry out these critical responsibilities. North Dakota recognizes that a well-trained, supported, and adequately resourced workforce is essential to ensuring the safety, permanency, and wellbeing of children and families.

Central to this commitment is a focus on comprehensive training and professional development for child welfare workforce at all levels. By equipping case workers, supervisors, and allied professionals with the knowledge, skills, and tools necessary

to respond to complex family needs, we aim to foster consistent, high-quality practice and promote positive outcomes for children.

### Quality at the Source

Quality at the Source is a function of continuous quality improvement. It is the manner in which child welfare agencies assure quality practice with families through processes that are designed to support strong engagement and positive outcomes. Quality at the source focuses on fidelity to practice standards and policies by making sure errors or mistakes do not occur. In the event errors or mistakes occur, quality at the source requires those involved to make every effort to redirect the trajectory of the case. CPS workers, case workers, supervisors, and CFS Field Service Specialists all have an integral role to assure quality at the source.

The four essential components of quality at the source are:

1. Clearly identifying quality work:

A clear definition of quality is necessary so that everyone understands the practice expectations. Policy distinguishes what constitutes quality case practice so that fidelity is clearly understood. When a CPS worker or case worker practices with fidelity to the model, time and need to redo work are reduced resulting in increased efficiency, quality and case movement.

2. Recognizing and acknowledging when errors or mistakes occur:

Errors or mistakes do not meet practice expectations or fidelity to the model. The importance of this component is to use those moments in supervision as a time to re-educate and support directionality. The primary function of child welfare is to ensure child safety; therefore, all actions by the child welfare workforce must reinforce and exemplify a low error rate.

3. Requiring standard work:

A standard of work is a very important element to assure quality at the source. Standard of work requirements are clearly defined, documented expectations that describe the best known and approved way to perform specific tasks or processes. They establish consistency, reliability, and fidelity by outlining required steps, roles, timeframes, and quality standards. Standard work supports training, supervision, and continuous improvement by ensuring that performance is consistent and effective.

4. Maintaining and updating the standard of work:

Maintaining and updating standard work is an ongoing process that ensures practice remains consistent, effective, relevant, and aligned. CPS workers, case workers and agency supervisors must observe case activity and the process to be sure that their work is delivering the expected outcome. If not, then the work may need to be adjusted. Similarly, when it is determined the workflow needs to be adjusted, measures are taken to ensure that happens collectively on a broad scale and not isolated to one area of the state. Additionally, if the workflow

changes, updates to the standard of work will be trained to the workforce so that the expectations are clearly understood.

ND Department of Health and Human Services contracts and works closely with two training centers to ensure ongoing and modern approaches to case practice are available and offered statewide. Contracted training centers include:

1. University of North Dakota Children and Family Services Training Center  
[Children & Family Services Training Center | University of North Dakota](#)
2. Native American Training Institute  
[Native American Training Institute](#)

## **Workforce Roles and Responsibilities 615-205**

Child welfare agency leadership is responsible to ensure agency workers are aware of their roles and responsibilities and use the agency's legal authority in a manner that is ethical, transparent, culturally responsive, and least intrusive. Clear understanding of roles acknowledge and mitigate power differentials between the agency and the families served, in order to promote safety and meaningful engagement. The agency must exercise their authority responsibly, respectfully, and in accordance with legal mandates, professional ethics, and trauma-informed best practices. The agency must act in the best interests of the family while supporting the rights, dignity, and autonomy of families. It is essential the child welfare agency explains to the family the roles and responsibilities of each party, as well as the power and authority invested in the agency by law or court order.

### Agency Supervisors

The agency supervisor is a key participant of quality at the source through ensuring fidelity to child welfare practice as an agency leader, consultant, trainer, and mentor to workers. The supervisor monitors the quality of the worker's practice through regular case consultation. The supervisor manages the workflow of all assigned workers, and it is recommended that each child welfare supervisor meet with workers independently for a minimum of 30 minutes every two weeks.

### CPS Workers and Case Workers

CPS workers and case management case workers ensure fidelity to the child welfare practice model in how they approach and complete their work responsibilities with the child, parents and others involved in the case such as safety service providers, kinship caregivers, collateral agencies, and the child and family team. CPS workers and case workers must understand and follow the practice expectations within this policy manual as well as those within federal regulations, state law, administrative code, and specific program policies to ensure quality at the source.

Effective time management contributes to quality work. CPS workers and case workers should work with supervisors to determine goals for "blue light time" and "protected time" as well routinely evaluate whether their time management goals are being met. This should become a part of staffing discussions with the supervisor

because effective time management is significant in supporting the movement of families through the process and in accomplishing the desired case outcomes.

### CFS - Field Service Specialists

The ND Department of Health and Human Services, Children and Family Services (CFS) Field Service Specialist role is to monitor agency fidelity and quality of work related to child welfare policy and practice. The CFS-FSS will provide technical assistance, consultation, training, and mentoring during agency case staffing's, assigned meetings and child and family team meetings.

There are two types of CFS-FSS:

1. Child Protection Services - Field Service Specialist are responsible for the final decision of child protection services assessments and providing assessment quality assurance.
2. Case Management - Field Service Specialists are responsible for providing administrative oversight to all the child welfare case management case plans at a minimum of every six months.

As employees of CFS, Field Service Specialists meet routinely with CFS program administration to share information, develop necessary training opportunities and identify technical assistance supports when data trends indicate a need. In addition, CFS-FSS's facilitate quality and fidelity reviews as support to local agencies, the details of the reviews are used to support continuous quality improvement efforts.

## **Role of the Custodial Agency 615-210**

Out-of-home safety plans with public custody are often referred to as "foster care" cases. The public agency responsible for the child is often referred to as the "custodian". In North Dakota, three public agencies are granted custody of children who may enter the ND child welfare system. The public agencies include a Human Service Zone, Division of Juvenile Services or Tribal Nation. The custodian is responsible for managing the case activity, ongoing assessment and engagement of the family to achieve permanency as timely as possible. There are many required duties assigned to the custodian.

Custodian Responsibilities include, but are not limited to:

1. Follow Juvenile Court Act, [NDCC 27-20.2](#), defining rights and duties of a legal custodian and other child welfare [ND Century Code](#).
2. Follow [North Dakota Administrative Code](#) chapters pertinent to child welfare.
3. Follow [North Dakota State Policy](#) manuals pertinent to child welfare.
4. Seek to determine if ICWA is applicable to the case.
5. Ensure court orders contain the appropriate and required language.
6. Facilitate ongoing communication with the assigned local states attorney for timely filing of affidavits to ensure timely petitions are filed for hearings.
7. Authorize releases of information, where applicable.

8. Approve requests for law enforcement or child advocacy center staff to interview or question a child, including instances where the child is a subject of a sexual abuse investigation.
9. Facilitate quarterly Child and Family Team meetings by inviting relevant parties to review and develop an agreed upon case plan for the child and family.
10. Engage in ongoing communications to update the child's parents and foster care provider on child status, court action, case plan goal achievement, etc.
11. Assess and address the needs of the child, child's parents and kinship caregiver or foster care provider ongoing.
12. Facilitate required face-to-face visitation with the child in their placement.
13. Manage medical needs of the child, when required schedule appointments and notify parents and caregivers or providers of the appointments.
14. Authorize treatment for medical emergencies, surgeries, and hospitalizations.
15. Approve all psychological or psychiatric testing and evaluations.
16. Complete and document ongoing relative search efforts to identify placement options and maintain family connections for the child.
17. Educate kinship caregivers of the option to become a licensed foster care provider or for those who have a blood relation, the ability to apply for TANF Kinship Care (child only case) to help offset costs.
18. Arrange for a least restrictive, most appropriate placement setting.
19. If a child is in need of treatment, request a Children's Treatment Services Level of Care assessment. If approved for a PRTF, QRTP or TFC treatment setting, upon admission immediately begin discharge planning.
20. If child is in treatment facility placement (QRTP or PRTF) track timelines of the approvals as well as placement maximums. If a Transition Plan Agreement is needed as a part of appropriate discharge planning, facilitate the engagement of a foster care provider to the child and complete the required paperwork.
21. Transport the child to their new placement, kinship caregiver or foster care provider home. Take the time to help the child get settled into the new placement and introduce the child to the family. Bring the child's belongings, complete an inventory and track the child's items. Anything purchased for the child in foster care remains with the child and must be added to the inventory. If placement transition occurs at a later date, all of the child's personal items must accompany the child to their new setting.
22. Resolve concerns that may arise in the child's placement setting, seek assistance from supervision to identify solutions or alternative planning.
23. Support the kinship caregiver or foster care provider in meeting the child's needs through ongoing communication, service referrals, respite and more.
24. Facilitate planning for support services for the child.
25. Manage ongoing issues or concerns surrounding child crisis or family needs.
26. Approve requests for substitute care arrangements.
27. Request approval for shelter care or respite care reimbursement.
28. Educate the kinship caregiver or foster care provider on "normalcy policy" and what circumstances the custodial agency grants the provider decision making authority vs when they need to ask the custodial case worker for permission.

29. Authorize participation in sponsored educational or recreational activities.
30. Authorize participation in religious education, church sponsored activities or significant religious ceremonies (baptism/confirmation).
31. Authorize participation in life changing events (marriage, military enlistment).
32. Authorize participation in high-risk activities (horseback riding, hunting, driving farm/yard equipment, operating water equipment, etc.).
33. Authorize participation to obtain a driver's permit or license. Application of a minor for an operator's license may be authorized by an individual who is willing to assume the obligation imposed under NDCC 39-06-08.
34. Approve a child's desire to work and be aware of their employment activities.
35. Authorize participation in family events and extended family interaction plans. This includes approval and arranging for face-to-face or other visits with family and friends as determined safe and appropriate.
36. Authorize the child's ability to engage in any media advertisements or publications including those for placement or adoption recruitment.
37. Authorize all out-of-state travel.
38. Communicate regularly with the appointed school district foster care liaison to inform the school of the child in foster care's status, as well as collaborate or pre-plan when there may be a placement change that relocates the child to a new school.
39. Participate in development of Individual Education Plans.
40. Ensure all file documentation requested by the Department is provided timely when a case is selected for a quality assurance case file review.
41. Manage case plans until permanency is achieved. When adoption is the selected permanency goal, custodians must also:
  - a. Complete a timely referral to AASK when there is a plan for termination of parental rights,
  - b. Approval of the pre-adopt placement, and
  - c. When adoptive home selection occurs for adoption finalization, case worker must concur with the adoptive home selected. There are times when conflicting opinions will exist on Child & Family Teams. The goal is to resolve all conflicts at the lowest possible level. If issues cannot be resolved during the Child & Family Team meeting, the case worker, and local supervisor may be asked to assist in reaching an agreeable resolution. If no resolution can be achieved, the case worker may request conflict-free resolution and consultation with their CFS FSS.
42. Monitor the age of the child and ensure policy requirements specific to age 14, 16 and 18 are met (proper introduction of youth rights, transition planning, independent living referrals, health care directives and more).
43. Provide a discharge plan including a list of appointments, education and medical contacts, detailed information surrounding safety planning and all other pertinent documentation including a signed SFN 1612 for each child that exits foster care under public custody.
44. Enter information into the Child Welfare Information System timely. Note: Tribal case workers must forward the relevant information to the CFS FSS and FCSA Eligibility Unit to enter.

In addition to duties for permanency planning, the custodial agency case worker has the responsibility to ensure accuracy for data and payment requirements for each child. Responsibility includes, but is not limited to:

1. Engage with the parent/guardian to complete required initial foster care eligibility paperwork in full (no blanks). The initial eligibility full kit includes:
  - a. Copy of the child's initial shelter care/removal court order,
  - b. Copy of any additional court orders since removal,
  - c. [SFN 630](#),
  - d. [SFN 641](#), and
  - e. [SFN 45](#).
2. Assess irregular payment needs, approve expenditures with providers for a clear understanding of coverage and track annual maximums for each child.
3. Maintain ongoing contact with the CFS Foster Care Sub-Adopt Eligibility Unit and the eligibility worker assigned to the case. Scan/email [cfsfcsaunit@nd.gov](mailto:cfsfcsaunit@nd.gov) :
  - a. Initial eligibility determination full kit within 15 calendar days of removal,
  - b. Change notices ([SFN 45](#)) within 3 calendar days,
  - c. Court orders within 3 calendar days,
  - d. Receipts and child care invoices on behalf of foster care providers within 2 working days of receipt to ensure timely reimbursement to providers,
  - e. QRTP invoices/bills within 3 calendar days, and
  - f. Out of state provider invoices/bills within 3 calendar days.
4. Seek ND Medical Provider status for all out of state placements to ensure financial coverage. Any medical overages not paid by ND Medicaid are the responsibility of the custodial agency. If a child in foster care is medically fragile or in need of ongoing medical attention, assist providers in applying for a ND Medical Transportation Provider through ND Medicaid, if needed. How to enroll as a Non-Emergent Medical Transportation (NEMT) provider :
  - a. Individual (licensed provider or unlicensed caregiver) must submit NEMT Application Checklist and required documentation to [NDMedicaidEnrollment@noridian.com](mailto:NDMedicaidEnrollment@noridian.com).
  - b. Help Center = 877-328-7098 or 701-328-7098 (option 1) or email [applyforhelp@nd.gov](mailto:applyforhelp@nd.gov) with "medical travel" in the email subject.
5. When applicable, assist the family or guardian in making application or apply for social security benefits on behalf of a child. For a child that is placed in foster care and in receipt of social security benefits, the custodial agency must apply to become the organizational payee on behalf of the child if the family is uncooperative. It is recommended that a designated worker within the custodial agency be responsible for this function. This includes application for survivor's benefits and disability benefits if the child qualifies.
6. When applicable, monitor child support payments received at the agency. The zone must follow up with Child Support as to the reason a payment is received directly and where the benefits should be applied (e.g.: medical, sub-adopt, foster care errors or overpayment).
7. When applicable, act to resolve any issues where a child has an interest in a trust, inheritance, or gift. Approve the commitment of a significant amount of

the child's funds, unless there has been a conservator of the child's estate appointed.

8. When applicable, approve any loan, credit card applications, or checking accounts sought or created by the child (most likely 18+ cases).

### **Child Welfare Certification 615-215**

The North Dakota Child Welfare Certification Training Program is a competency-based training curriculum for child welfare workers. The certification training is facilitated by the University of North Dakota, Children and Family Services Training Center through a long-standing collaborative contract. Child welfare practitioners are required to begin the required training within the first six months of employment and complete this training within their first year of employment. Trainees will receive the Child Welfare Practitioner Certificate upon satisfactory completion of the program. Satisfactory completion includes attendance at all of the required sessions and completion of all assignments.

ND child welfare requires all CPS workers, case management case workers, supervisors, and CFS FSS employees to participate in and successfully complete the Child Welfare Certification Training Program.

### **Wraparound Certification 615-225**

North Dakota child welfare workforce including CPS workers, case management case workers, supervisors, and CFS-Field Service Specialists must be Wraparound Certified. This is accomplished through attendance and completion of Child Welfare Certification Training which is the Wraparound Certification training sponsored by the Department. Agency workers must maintain certification by attending an approved training course at least once every two years. If the worker's certification lapses, the employee must contact the Children and Family Services administration to discuss options for recertification.

#### Values of Wraparound

The following values represent how North Dakota works with children and families involved with child welfare.

1. Unconditional commitment to working with families is provided.
  - a. A commitment to never give up on children and families while keeping children safe.
  - b. Families are treated with respect, honesty, and openness.
  - c. The family's language is utilized, and jargon is avoided.
  - d. Setbacks may reflect the changing needs of family members, not resistance.
2. The process is team driven.
  - a. Partnering with other systems, formal supports, and informal supports of families helps bridge the complexity of the work.

- b. Families, children, formal supports, and informal supports are all part of the child and family team.
  - c. Collaboration with service providers and child and family team members is important in building and delivering effective services to families.
  - d. The team approach provides an integrated system of care.
3. Families are full and active partners and colleagues in the process.
  - a. Safety is paramount in all child welfare programs; choices are made to ensure that children and families are safe.
  - b. The family's view is respected. Parents/caregivers are the experts with their own children.
  - c. The expertise of the child welfare agency is valuable when discussing 'bottom lines' such as legal mandates, court orders, negotiable and non-negotiable rules/policies, etc. The agency can let go of power and allow families to make independent decisions when safety is assured.
  - d. Family members have clear voice and choice when receiving services from the child welfare agency. They are full members in all aspects of planning, delivery, management, and evaluation of services and supports.
    - i. Voice: The family is listened to and valued. The skills and knowledge of the family members are essential to the change process.
    - ii. Choice: The family is given information on choice and identifying where choices exist and where there are limitations on choice. The expected outcomes of different choices are discussed.
  - e. Decision-making is done jointly as a team with the family, rather than 'deciding for' the family.
4. The child and family team process seeks to build upon strengths and competencies of families.
  - a. Services and supports build strengths that are unique to the parents/caregivers and children.
  - b. Strengths and competencies are utilized in addressing safety needs of children and when developing and implementing the case plan.
5. Services are culturally responsive.
  - a. Each family is culturally unique.
  - b. Cultural diversity is valued and respected.
  - c. Differences are valued as strengths.
  - d. The impact of culture on the agency and its workforce is recognized and understood.
6. Services and case plans are individualized to meet the needs of children and parents/caregivers.
  - a. Case plans are flexible.
  - b. Parents/caregivers and children should have access to services they need.
  - c. Services and supports should be coordinated into one plan.
  - d. Services are trauma informed.

7. Resources and supports, both within and outside the family, are utilized for solutions.
  - a. The family is key in identifying supports they need.
  - b. A balance of formal and informal supports are used.
  - c. The community is recognized and respected as a key resource.
8. People are the greatest resource to one another.
  - a. Family engagement: The key to success in the child and family team and case planning process is to build positive and strong relationships between the agency and team members.
9. Case Plans are outcome based
  - a. Case plans are flexible.
  - b. The parents/caregivers and children should have access to services they need.
  - c. Services and supports should be coordinated into one plan.
  - d. Services are trauma informed.

### **Confidentiality and Information Sharing 615-230**

ND child welfare agencies must be aware of confidentiality restrictions regarding use of information in a case record (either paper file or in the Child Welfare Information System), electronically (email, text, etc.) and during verbal discussions (face-to-face, phone calls, etc.). When seeking information from people or resources outside the case, the worker must continue to maintain confidentiality as required by law.

Child welfare workforce must review and be familiar with NDCC 50-06-15 and HHS Policy 110-01 regarding confidentiality. CPS workers and case workers must use the Authorization to Disclose Information (SFN 1059) before sharing any information, in accordance with state law and agency confidentiality policies, with any party not authorized to access case information. Additionally, confidentiality of CPS reports and any other information obtained are confidential and may only be released with signed consent from the parent or subject or under the provisions of [NDCC 50-25-1.-11](#).

If the SFN 1059 form is signed by a legal representative or guardian, a copy of the legal documents verifying the legal representative's authority must be in the case record. North Dakota law requires a minor 14 years of age or older, to authorize the disclosure of sexually transmitted disease and substance use disorder treatment information. Disclosure of sexually transmitted disease or substance use disorder treatment information of a minor 13 years of age or younger, must be authorized by BOTH the minor and the parent or legal guardian.

Child welfare agency supervisors will:

1. Inform employees about the duty to preserve the confidentiality and privacy of child and parent/caregiver information consistent with law and policy;
2. Verify employees are familiar with confidentiality policies and procedures, and that employees attend required training sessions on the topic;

3. Evaluate whether to approve the release of investigatory information compiled for criminal law purposes;
4. Evaluate whether state's attorney consultation is necessary in the handling of subpoenas or other legal motions; and
5. Evaluate releases of information to the elected officials and media in consultation with the Department.

### Information Sharing

All agencies working within North Dakota child welfare follow the same confidentiality requirements, have the same responsibility to understand confidentiality limits and exceptions, and face the same penalties for confidentiality breaches.

The design of the Child Welfare Information System presumes professional and ethical conduct by those who use the web-based system. Techniques are available to maintain appropriate confidentiality such as only identifying the reporter in a CPS assessment as "reporter" rather than using actual names. Agency workers must be diligent to delete protected information before reports are printed and shared. Redaction of some documents and reports is necessary in certain situations and consult with agency leadership is recommended before sharing documents requested for open records or otherwise.

### **Cultural Competence 615-255**

Cultural competence is the ability of child welfare workforce and agencies to understand, respect, and effectively respond to the cultural backgrounds, values, beliefs, and practices of the children and families they serve, in order to provide equitable, respectful, and appropriate services. All child welfare agency workers will strive to be culturally competent when interacting with children and families as competency applies knowledge about individuals and groups appropriately to meet their diverse cultural differences. Differences may include, but are not limited to language, class, race, ethnicity, disability, religion, gender, sexual orientation, or other. Workers who are culturally competent recognize, affirm, and value the individual's worth and aims to preserve their dignity when engaging on a case.

A culturally competent workforce is important because it helps:

1. Build trust and rapport with children and families by showing respect for their culture
2. Provide services that meet families' unique needs rather than using a one-size-fits-all approach
3. Reduce bias and misunderstandings that could affect decisions about safety, permanency, and wellbeing
4. Support fair and equitable outcomes for all children and families
5. Improve engagement and cooperation from families, leading to increased quality of services and better outcomes and results for families.

ND child welfare workforce can receive training from the University of North Dakota Children and Family Services training Center, the Native American Training Institute or other training vendors with applicable competency trainings offered.

### **Indian Child Welfare Act (ICWA) 615-300**

ND child welfare practice following the Safety Framework Practice Model standards requires that an Indian child's family and Tribe must be informed of agency involvement, and the Indian Child Welfare Act (ICWA) applies to child welfare cases as early as the receipt of the child abuse and neglect report that requires a child protection services assessment. ND child welfare inclusion of the Tribe and application of ICWA shall begin at the earliest threat of removal from the family. Agency case workers are responsible to comply with the ICWA for all eligible children who enter or are involved with the child welfare system.

ICWA is a federal law passed in 1978 in response to the high volume of Indian children removed from their homes; the law was revised in 2016 to strengthen and support the consistent application of ICWA within and between jurisdictions. The intent of ICWA is to protect the best interests of Indian children and to promote the stability and security of Indian families and Tribes ([25 U.S. Code § 1902](#)). ICWA is considered the "gold standard" in child welfare policy and practice and requires state child welfare agencies and courts to:

1. Provide active efforts to both prevent removal from and timely reunification of children with their families
2. Follow preferred placement preferences
3. Obtain testimony of a qualified expert witness (QEW) at the removal hearing and subsequent hearings including termination of parental rights proceedings.

ICWA sets out federal requirements that apply to state child custody proceedings regarding removal and placement of Indian children in foster or adoptive homes and allows the child's Tribe to intervene in the case. When ICWA applies to a child's case, the child's Tribe and family must have an opportunity to be involved in decisions affecting services for the Indian child. A Tribe or a parent can also petition to transfer the case to Tribal Court.

Early collaboration (prior to removal) is critically important and must occur with notice to the Tribe and the identified authorized representative, which may or may not be the ICWA Family Preservationist. Dependent on the involvement of the family with the Human Service Zone, not all Tribal child welfare agencies will assign an ICWA worker at the onset of a CPS assessment or case management services, however in North Dakota the involvement of an ICWA Family Preservationist (IFP) will begin as a support to the case to bolster family engagement and help keep the child's Tribe informed of case movement.

ICWA protects American Indian and Alaska Native children who are:

- Unmarried;
- Under 18 years old; and
- A tribal member; or
- Eligible for tribal membership in a federally recognized Tribe and have a biological parent who is a tribal member.

When an Indian child is formally placed in out-of-home care by court order all ICWA requirements regarding placement preferences must be followed. All actions taken to comply with ICWA must be documented in the case record. Additionally, ICWA requires notification to the child's Tribe when an Indian child is removed from his or her parent or Indian Custodian for temporary placement into foster care.

#### Tribal Membership Determination

The agency CPS worker or case worker must determine a child's Indian status as soon as possible to serve in the best interests of the child. If determined by the CPS worker at the time of initial assessment that the child is a Tribal member or eligible for membership, the CPS worker must notify the Tribe immediately or no greater than 2 calendar days by completing the [ND ICWA Inquiry Form](#).

If a determination of ICWA cannot or has not been made, the case workers must ask the child and family how they self-identify as part of the initial assessment (i.e. PCFA process) and before every change or potential change in custody. ICWA has statute specific to "reason to know" that a child is a member of a Tribe. If the agency or court has "reason to know", certain obligations are required of the agency such as:

1. Due diligence to identify and work with the Tribe(s) of which there is:
  - a. Reason to know whether the child may be a member or eligible for membership AND
  - b. Verification the child or their biological parent is a member or if the child is eligible for membership;
2. Treat the child as an Indian child, until it is determined on the court record that the child does not meet the definition of an Indian child. Include a minimum of one monthly contact to the Tribe(s) to request help in contacting the family or identifying family affiliation until the Tribe responds.
3. Contact each Tribe where there is reason to know whether a child may be a member or eligible for membership. A child may be eligible for membership in more than one Tribe, however, can only be enrolled in one Tribe at a time. It is best practice for agency case workers to keep all prospective or relevant Tribes involved and aware of case progress. The other Tribe, where the child is eligible but not enrolled, may have family and/or placement options available for the agency to consider and should be assessed as part of relative search and permanency planning.

If the child does not meet the definition of "Indian child" outlined in the act, ICWA would not apply to the child's case. Only a Tribe can determine whether a child is a member of their Tribe.

### When the Child is Eligible for Tribal Membership

The response to the Indian child's enrollment status must be documented in the case record, including date and source of documentation.

Agency workers must:

1. File in the case record the Tribal Nation's written statement declaring the Indian child's eligibility for membership; AND
2. Incorporate into any court hearing the Tribal Nation's written statement declaring the Indian child's eligibility for membership and the biological parent's membership; AND
3. Assist the family in formally enrolling the Indian child or establishing membership of the Indian child (if necessary, the case worker may counsel parents hesitant to enroll their Indian child by emphasizing the positive benefits of tribal membership, particularly in child welfare and adoption proceedings. If the child is eligible for enrollment and not enrolled by the parent, upon termination of parental right proceedings and before adoption finalization the agency case worker must ensure tribal enrollment is complete. Enrollment will preserve the child's tribal affiliation, cultural identity, and eligibility for Tribal benefits and services.

If the agency formally enrolls a child, notification must be given to:

1. The child's biological parents, if applicable;
2. Indian Custodian (adult legally responsible for the child), if applicable; and
3. The child's Tribe or the other Tribe if eligible for enrollment in more than one Tribe. All Tribes should receive notice.

Upon adoption finalization, the agency shall request the Courts furnish the adoption decree including the child's name to the Tribe or BIA per [NDCC 27-19.1](#). The adoptive family should be educated by the custodial agency and adoption agency (AASK) on how to contact the Tribal Enrollment office to verify enrollment records are updated accordingly.

### Contacting a Federally Recognized Tribe

If the agency worker does not have accurate contact information for a Tribe, or the Tribe contacted fails to respond to written inquiries, the agency worker must:

- Seek assistance from the [BIA Great Plains Regional Office](#); or
- Find the Tribe's designated tribal agent for service of notice by reviewing the BIA list on the Federal Register or review the [ICWA Designated Agents Listing](#).

## **ICWA Active Efforts Required 615-310**

The Indian Child Welfare Act (ICWA) federal law requires active efforts to provide remedial services after an investigation and before a decision is made to remove a child from their home. Active efforts must also be provided after the Indian child has

been removed in order to prevent the breakup of the family by working toward reunification.

Active efforts are demonstrated by:

1. Making a strength-based evaluation of the family's circumstances that takes into account the prevailing social and cultural conditions and way of life of the child's recognized Tribal Nation.
2. Intervening only when necessary. Agency case workers involved with case must:
  - a. Develop the case plan with assistance from the parents or custodian that involves use of the recognized Tribal Nation's community resources;
  - b. Seek out the necessary family preservation services to support the family with the child in the home, except where imminent physical or emotional harm may result; and
  - c. Involve the child, if of sufficient age, in the design and implementation of the case plan.
3. Assisting the child, parents or Indian custodian in maintaining an ongoing familial relationship.
4. Engaging the recognized Tribal Nation early and working closely with the Tribe to access culturally relevant resources and informal support networks.

All actions and active efforts undertaken to comply with ICWA requirements must be documented as part of the child's case record located as a case activity log in the Child Welfare Information System. Details include, but are not limited to:

1. Active efforts made to determine whether a child is a member of or eligible for membership in a federally recognized Tribal Nation including detail:
  - a. If the child and family respond they are not Native American, American Indian or Alaska Native, and state they do not have any related ancestry as an Indian child;
  - b. If a Tribe has verified that an Indian child is a member, including the date and the source of documentation;
  - c. If the child and biological parent's response to enrollment or membership status, including the date and source of documentation;
  - d. All steps taken to determine the child's ancestry;
  - e. The contacts made with the federally recognized Tribal Nation's ICWA designated tribal agent about the status of the inquiry and the membership status of the child; and
  - f. All email and phone conversation that confirm ICWA may apply.
2. Description of active efforts made to provide notice of the child's tribal membership or eligibility for membership in an Indian Tribe.
3. Copy of the formal notice sent to the Tribe when making tribal membership determinations, with a copy of the notice filed in the agency's case record.
4. Copy of any correspondence related to tribal membership determination and verification filed in the agency's case record.
5. Copy of the notice for a court proceeding filed in the agency's case record and with the court, along with any registered mail returned receipts.

## **ICWA Exemptions and Non-ICWA Cases 615-315**

The Indian Child Welfare Act does not apply to:

1. Custody of Indian child to one of the parents;
2. Tribal Court proceedings;
3. Proceedings including criminal act(s) when the child is adjudicated delinquent;

Parents cannot ask for an exemption or request to “opt out” of ICWA for their children. A parent can request the case not be transferred to a Tribal Court but cannot decline application of ICWA standards if ICWA applies to the child.

### Non ICWA Cases

Once a Tribe has determined that a child is not a member and not eligible for membership, the case worker must:

1. File in the case record the Tribe’s written statement declaring the child is ineligible for membership;
2. Incorporate into any court hearing the Tribe’s written statement declaring the child is ineligible for membership; and
3. Work with the understanding that ICWA does not apply.

If the Tribe does not respond to the notice, the case worker will call the ICWA designated tribal agent for service and ask about the status of the inquiry and the membership status of the child.

## **ICWA Family Preservation Program 615-320**

The Indian Child Welfare Act (ICWA) Family Preservation program is a statewide collaborative rooted in Tribal sovereignty and guided by the values of family, community, and cultural continuity. The ICWA Family Preservation Program is funded by the department through a contract with the Native American Training Institute (NATI). NATI hires ICWA Family Preservationists (IFP’s), who reside all across North Dakota. NATI partners to engage in signed memoranda of understanding (MOU) with various Tribal Nations. The MOU confirms that the IFP serves as an authorized representative of the Tribe in child welfare matters. All agreements, MOU’s and certificates are managed and maintained by the NATI office.

An ICWA Family Preservationist (IFP) provides intensive, family-centered support to Indian children and families at risk of out of home placement or placement outside the home with or without public custody. The IFP is a partner to the child welfare agency serving as an advocate to the rights and well-being of Indian Tribes, children and their families as intended in both the letter and spirit of the ICWA law.

### The Role of the Human Service Zone

Human Service Zone CPS workers and Case Management case workers are required to refer eligible ICWA cases to the IFP Program. Eligible cases involve a child who is enrolled or enrollable with a Tribal Nation and has an open:

1. Child Protection Services (CPS) assessment,

2. In-Home Case Plan, or
3. Out-of-Home Case Plan, with or without public custody.

The worker must submit the [ND ICWA Inquiry Form](#) following the [Inquiry Form Instructions](#) to the identified Tribal Nation(s) and IFP Program immediately and no greater than 2 calendar days of the determination that there is reason to believe the child is eligible for ICWA. The worker will engage with the IFP, communicate on the plan, invite the IFP to relevant meetings, while partnering to ensure Indian children remain connected to their families, cultures, and Tribal communities.

#### The Role of an IFP

1. Support the best interests of the Indian child and family, as defined by the Tribe, throughout the duration of child welfare case involvement and court proceedings.
2. Support the family and agency worker to prevent removal or promote the safe return of children to their families as soon as present danger is resolved or an in-home safety plan can be implemented.
3. Promote and strengthen active efforts initiated by agency workers so agency efforts align with ICWA standards, Tribal customs and cultural connections.
4. Inform the agency worker and family of Tribal and community resources that build safety, stability and wellbeing.

#### The Responsibilities of the IFP:

1. Serve as an authorized representative of the Tribe in ICWA cases.
2. Promote family preservation and timely reunification whenever safe and possible.
3. Facilitate communication and relationship-building to build trust between Indian children, families, Tribes, and child welfare professionals.
4. Serve as the Tribe's designated Qualified Expert Witness (QEW) when appointed, or support and inform the testimony of an alternate QEW, in recognition of Tribal sovereignty.
5. Act in a professional capacity to inform the family of systemic processes and serve as a liaison to the agency in efforts to ensure a collective understanding among all parties.
6. Prepare and provide court testimony that addresses family safety concerns within the context of the prevailing social and cultural standards of the identified Tribe.
7. Provide updates to and/or include the Tribe in case planning.
8. Provide training, coaching and technical assistance to child welfare partners on ICWA law, QEW requirements and Tribal cultural standards.
9. Provide perspective, education and information to the agency worker regarding Tribal customs and cultural connections.
10. Educate families on their rights under ICWA in efforts to strengthen their ability to advocate for themselves.
11. Consult with CPS workers during the CPS assessment to provide insight about the child or family while collaborating to ensure child safety and family stability.

For the purposes of child abuse or neglect assessment decisions, the final decision if child abuse or neglect occurred is the responsibility of the department ([NDCC 50-25-1](#)).

12. Assist in identifying and supporting placement options consistent with ICWA's placement preferences and the Tribe's cultural standards.
13. Identify and share culturally grounded active efforts to prevent family separation and promote reunification.
14. Address barriers related to family preservation and assist the agency worker in identifying and coordinating services when appropriate.
15. Ensure that Indian children, families, and Tribes are respected and meaningfully engaged as a member of the team.

For more information about the program, view [ICWA Family Preservation Program](#).

### **Safety Framework Practice Model (SFPM) 615-400**

ND Safety Framework Practice Model is the *Safety Assessment and Family Evaluation Model (SAFE)* developed by Action for Child Protection (©2025 Action for Child Protection. All rights reserved.) Action for Child Protection is a national organization who has dedicated their work to help child welfare agencies improve services to families and children through developing state-of-the-art standards of case practice. In addition to this agency, the Department of Health and Human Services extends sincere gratitude to the following for their reference material and assistance in developing the North Dakota Safety Framework Practice Model:

- Casey Family Programs, Seattle, WA;
- Wisconsin Department of Children and Families: *Child Protective Services Safety Intervention Standards and Ongoing Standards* (2017);
- Barkei, Johanna: (2020) *PCFA Workbook*, Milwaukee Child Welfare Partnership-University of Wisconsin Milwaukee;
- Milwaukee Child Welfare Partnership: (2016) *Critical Concepts Practice – Safety Assessment*;
- University of Wisconsin- Milwaukee & Helen Bader School of Social Welfare;
- Oregon Department of Human Services: *Child Welfare Procedure Manual* (2019); and
- Arizona Department of Child Safety: *Policy and Procedure Manual* (2018).

The Safety Framework Practice Model (SFPM) is an overarching process that assesses and manages safety from receipt of a report of suspected child abuse and neglect initially and ongoing through case closure. Workforce at all levels in the child welfare agency are responsible for providing quality services, conducting comprehensive and accurate assessments, and making decisions at the individual and family level.

A thorough understanding of child safety decisions and actions is essential and relevant for initial assessment by Child Protection Services (CPS) and ongoing assessments by Case Management. The SFPM promotes a collaborative relationship between the child welfare agency and parents/caregivers that is based on Wraparound principles of respect, honesty, equity, and self-determination is critical

for effective safety assessment, planning, and management. The parents/caregivers are viewed as the primary authorities in the family and are most accountable for safety and security within the family unit. Child welfare workforce seeks to have a partnership with parents/caregivers, in efforts to enhance parent/caregiver protective capacities and enable parents/caregivers to provide a safe home for their children independent of the child welfare system.

In addition to the relationship between child welfare agencies and parents/caregivers, it is important to seek out involvement from extended family, community supports, friends, etc. who can help parents/caregivers and the child welfare system manage child safety.

The Safety Framework Practice Model includes all actions and decisions required throughout the life of a case from CPS intake, CPS assessment, through to case management. All levels of intervention are intended to:

1. Ensure an unsafe child is protected;
2. Support and encourage the parents/caregivers to take responsibility for the child's protection whenever possible;
3. Reconfirm the child's safety at home or in out-of-home care; and
4. Establish a safe, permanent home for the unsafe child.

Safety Framework consists of:

1. Collecting information about the family to assess child safety;
2. Identifying and understanding present and impending danger threats;
3. Evaluating parent/caregiver protective capacities;
4. Determining if a child is safe or unsafe; and
5. Taking necessary action to protect an unsafe child.

When a child is unsafe, the following requirements apply:

1. Engaging parents/caregivers in the development and implementation of a safety plan;
2. Continuously managing safety plans that assure child safety;
3. Creating and implementing case plans that enhance parent/caregiver protective capacities and decrease impending danger threats;
4. Supporting and empowering a parent/caregiver in taking responsibility for the child's protection; and
5. Establishing a safe, permanent home for an unsafe child.

When a child is unsafe, the child welfare agency must collaborate with the family to develop and implement a present danger plan or safety plan. Parents/caregivers are an important resource in developing present danger plans or Safety Plans. This does not mean that parents/caregivers are responsible for, or have to agree with, the need for a safety plan to control present or impending threats to safety, but they do have to be willing to be involved and cooperate with the use of a present danger plan or safety plan. Once it has been determined that a child is unsafe, the child welfare agency should take action as necessary to control threats to child safety.

The level of child welfare agency involvement and/or intrusion with a family with respect to controlling and managing child safety depends on how threats to safety are operating in a family and the willingness and capacity of parents/caregivers to follow through with the requirements of a Safety Plan.

### **Case Transition Process 615-410**

The Safety Framework Practice Model is applied in all levels of engagement from child protection intake to CPS assessment, through case management. When an agency engages with a family, natural transitions occur between workers as circumstances evolve and require continued intervention. The case transition process includes:

1. Warm Handoff 1 (WHO 1): Sending a full kit of information from CPS to the Case Management (CM) Supervisor for the purpose of case assignment.
2. Warm Handoff 2 (WHO 2): Sharing information collected from the CPS assessment, reviewing the safety plan and its level of intrusion, while completing the transition to case management. Case management will open on this date.
3. Warm Handoff 3 (WHO 3): The meeting between the family, CPS worker and case worker.

#### Warm Handoff 1 – Case Assignment

At the conclusion of the CPS assessment, the CPS worker will refer the case to the Case Management Supervisor if impending danger has been identified. This referral for case assignment begins the Preparation Stage of the Protective Capacities Family Assessment (PCFA) process.

#### Warm Handoff 1 – Case Assignment Responsibilities

When assigning cases to a case worker, the Case Management Supervisor is responsible for ensuring the full kit of information from CPS is complete and accessible prior to assigning the case. The Case Management Supervisor reviews the case information and must assign the case to a case worker within twenty-four (24) hours of receiving the information from CPS. Case assignment must consider the following:

- Complexity of the family situation.
- Current caseloads of case workers, where the current cases are positioned within the workflow process, and the intensity of safety management responsibilities.
- The case worker's skill level related to family engagement; and
- The variability in workload demands such as where the child resides, the number of children involved, and location of the family (i.e. within the community or a distance from the community).

The CPS worker remains responsible for managing the present danger and safety plans, while maintaining contact with the family, assigned tribal workers, formal service providers, and informal supports until the WHO 2 - Case Transition staffing can take place.

#### Warm Handoff 2 - Case Transition Staffing

At conclusion of case assignment, Warm Handoff 2 case transition begins. The CPS worker assigned case worker, and their supervisors or designees will meet to staff the case within five (5) calendar days of case assignment. During the case transition staffing the case worker must gather necessary documentation, information regarding safety threats and the ongoing safety plan as well as an understanding of the parent/caregiver's reaction to the CPS assessment, and anticipated challenges before initiating the PCFA process with the family.

The following information should be reviewed during the case staffing:

1. Present danger assessment and present danger plan (when applicable to the case).
2. CPS assessment including gaps in information, decisions made, and the status of impending danger.
3. Safety plan determination analysis and whether it resulted in the least intrusive, sufficient, feasible, and sustainable safety plan including:
  - a. The identified safety services/actions and whether they continue to be available at the needed frequency to control each impending danger threat.
  - b. The continued suitability, role, and commitment of safety services providers.
  - c. The status of parent/caregiver involvement in the safety plan.
4. The assessment of existing parent/caregiver protective capacities and general family strengths.
5. Child needs including a summary of social-emotional, educational, physical, and mental or behavioral health:
  - a. Status of early intervention services referral when maltreatment has been substantiated involving a child under the age of three (3).
  - b. Whether a child has been determined to be an Indian child in accordance with the Indian Child Welfare Act ([25 USC Ch 21](#));
6. Status of involvement of any noncustodial or absent parents and the CPS worker's due diligence to locate and involve those individuals.
7. Strategy for family engagement to include:
  - a. Plan for initial contact between the CPS worker, case worker, and the family.
  - b. Whether a referral for a Family Centered Engagement meeting has been completed or is needed; and
  - c. Potential members for the child and family team.
  - d. Any other relevant case information that will help prepare for the initial contact with the family.

At the conclusion of Warm Handoff 2, case management begins. The case worker becomes the primary worker responsible for serving the child and family, including overall responsibility of the safety plan. Family engagement, evaluation and immediate adjustment to the safety plan are best practice and required during transition to case management.

#### Prior to the Completion of a CPS Assessment

There will be situations when the WHO 2 and Preparation Stage of the PCFA must begin prior to completion of the CPS assessment. For example, the family's needs are such that an out-of-home safety plan is implemented immediately. In these situations, it is critical that the CPS worker, case worker and their supervisors stay in close communication so that the active present and/or impending danger threats and safety plans are understood by all parties and overseen by the agency.

#### Warm Handoff 3 – Initial Contact with the Family

Warm Handoff 3 is the initial contact meeting with the family, initiating the Introduction Stage of the Protective Capacities Family Assessment (PCFA). This is a face-to-face meeting that occurs between the CPS worker, receiving case worker, parents or caregivers. If it is determined that the safety plan is not sufficient or sustainable, the CPS worker, case worker, the family, and the current safety service provider will modify the safety plan to effectively control impending danger during the initial meeting with the family. Changes must be made with and communicated to all participants and providers involved in the safety plan. There may be occasions when the case worker meets with the family without the CPS worker, but this should be the exception. This initial contact meeting must occur timely, no later than seven (7) calendar days of Warm Handoff 2 to ensure oversight of the safety plan continues.

At the conclusion of WHO 3, the case worker will begin working with the family through the PCFA process. The Discovery Stage is utilized to engage and seek partnership with the family.

### **Safety Assessment and Management 615-600**

The Safety Framework Practice Model is applied during all levels of engagement with a family. A child is unsafe when threats of danger exist in the family, when the child is vulnerable to such threats, and if a parent/caregiver has insufficient protective capacities to manage or control the threats.

A child is safe when no threats of danger exist within the family, or parents/caregivers possess sufficient protective capacity to manage threats, or when the child is not vulnerable to existing danger threats.

## **Assessing Present Danger Threats 615-605**

A present danger threat refers to an immediate, significant, and clearly observable family condition that is occurring, or is in process of occurring and will likely result in severe harm to a child. Present danger threats can be divided into four primary categories: Maltreatment, Child, Parent/Caregiver, and Family. Agency workers will assess each category when completing the present danger assessment.

At the onset of the CPS Assessment or at any point of child welfare agency involvement with families when there is a reported crisis or a new report, the CPS worker or case worker will begin a safety assessment by focusing on whether there are present danger threats to a vulnerable child's safety. The CPS worker or case worker completes a Present Danger Assessment at critical points throughout the life of the case. Present danger threats are usually identified at initial contact by a CPS worker but may also occur during the course of a CPS assessment or while the family is receiving case management services. Present danger which occurs during case management may involve parents/caregivers or kinship caregivers.

### Child Protection Services (CPS)

The CPS worker must assess and evaluate the family and home to determine whether a child is in present danger at the following critical points:

- Information gathering and triage at CPS intake;
- Determining the response time based on information reported at CPS intake;
- Making the initial face to face contact with the child; and
- Making the initial face to face contact with the parents/caregivers.

### Case Management

The case worker must assess and evaluate the family and home on an ongoing basis to determine whether a child is in present danger at the following points in the case process:

- Initial meeting with the family.
- During face-to-face contact with the child.
- During face-to-face contact with the parents/caregivers; and
- During face-to-face contact with kinship caregivers when an out-of-home safety plan is in place.

## **Present Danger Planning 615-610**

With the identification of present danger threats, the CPS or case worker must establish a present danger plan. A present danger plan is an immediate, short-term strategy in response to the present danger threats identified as a result of the present danger assessment. A present danger plan may not be in effect for longer than fourteen (14) calendar days unless an extension is necessary due to extenuating circumstances and approved by the supervisor.

The present danger plan provides a child with adult supervision and care to control present danger threats and to allow for the collection of information that can be used to determine impending danger and parent/caregiver protective capacities. A present

danger plan may be a voluntary arrangement made between a family and an agency (in the home or outside the home), or it may be a plan put in place via a shelter care request to the court. A present danger plan must include immediate action(s) to control present danger threats while more information about the family is being gathered through the course of the CPS assessment or case management.

If present danger is a concern, serious harm could result to the child without prompt response and intervention. With the identification of present danger threats, a present danger plan is required to control the danger. The CPS or case worker must closely monitor the present danger plan and reassess family circumstances in order to determine any changes in parent/caregiver capacity that necessitate revisions to the plan.

When creating a present danger plan the CPS or case worker must:

1. Inform the parents/caregivers why the child is determined to be unsafe (i.e. present danger threats);
2. Identify with the parents/caregivers what present danger plan options are available and acceptable;
3. Inform the parents/caregivers that the role of the agency is to ensure the child is protected;
4. Attempt to use resources within the family network to develop the present danger plan;
5. Confirm that there is agreement by all participants, which includes having the participants sign the present danger plan;
6. Put the plan into place before leaving the family/situation;
7. Consult with supervisor or his/her designee regarding the present danger plan and have the supervisor/designee sign the plan by the next business day.
8. For the duration of the present danger plan, the CPS or case worker must continually review the adequacy of the present danger plan and modify when necessary.

In cases where resources within the family network are not available, accessible, or appropriate, the agency must use formal resources to develop the Present Danger Plan. It is typical in these situations to have a combination of informal and formal resources that are put in place for the Present Danger Plan.

Child welfare agency workers must involve Tribal Nations in all aspects of safety intervention, including present danger planning and must initiate active efforts immediately when protective planning with Indian children. These efforts include ongoing, vigorous, and diligent interventions by the worker which are intended to promote communication, collaboration, and coordination with the child's Tribe.

A Present Danger Plan involving emergency removal must be used when present danger threats exist and the family network or formal resources are not available or accessible, or parents/caregivers are unable or unwilling to permit the agency to implement a Present Danger Plan.

### Out of Home Present Danger Planning Considerations

Whenever the CPS or case worker implements an out-of-home present danger plan with a kinship caregiver to control present danger threats, the agency must assess and evaluate the safety of the placement setting as outlined below:

1. Prior to implementing the out-of-home present danger plan, the agency must assess and evaluate the safety of the placement through direct contact with the kinship caregiver. This also includes a scheduled onsite visit to complete an [SFN 399, Unlicensed Caregiver Home Study](#) in their home and discussion of the expectations and their role in the present danger plan as well as any issues related to the care of the child.
2. When an onsite home visit is not conducted in advance of placement, the agency must, within 24 hours of placement, conduct a home visit to assess safety and the home conditions, and to assist the kinship caregiver in securing necessary items and service provisions to care for the child. If a home visit is not conducted at the time of placement in an unlicensed home, the agency must document in the case activity log of the Child Welfare Information System how child safety was ensured when securing the unlicensed kinship caregiver as the placement.
3. When formal or informal background checks are not conducted in advance of placement into an unlicensed kinship caregiver home, the agency must, within 24 hours of placement, conduct a:
  - a. [ND Courts Public Search](#)
  - b. Local request of law enforcement records on all adult individuals residing in the home,
  - c. [SFN 433](#), CPS index records check
4. Within seven (7) days of placement, the agency must conduct a home visit to reassess the home conditions and assist the kinship caregiver in securing necessary items and service provisions to care for the child.

### Documentation of Present Danger

The Present Danger Assessment must describe all identified present danger threats and the Present Danger Plan must contain specific information regarding how these present danger threats will be controlled.

Details within the Present Danger Assessment must include:

1. The identification of all danger threats operating in the family, and
2. A description of the immediate, significant, and clearly observable family conditions for present danger that result in an unsafe child.
3. Description of how the present danger plan is intended to control identified threats to each child's safety including:
  - a. The safety actions or tasks selected to control the safety threat;
  - b. When the safety actions will occur;
  - c. The name(s) of the safety provider(s) assigned to each safety action including where the action will occur;
  - d. The method for monitoring the safety actions or tasks;

- e. Description how each identified safety provider is confirmed suitable to participate in the Present Danger Plan including the expected frequency and duration; and
- f. An explanation of the safety provider(s) relationship to the family

The Present Danger Assessment and Present Danger Plan forms are required for documentation of present danger threats and must be kept by the agency:

1. When a present danger assessment and present danger plan is completed by the CPS worker, both forms must be attached to the CPS assessment in the Child Welfare Information System.
2. When a present danger assessment and present danger plan is completed by the case worker, the forms must be filed in the agency case record.
3. A copy of the signed Present Danger Plan must be provided to the family and the licensed foster care provider or kinship caregiver providing service to the child in their home.

### **Assessing Safety during a CPS Assessment 615-615**

In accordance with the CPS policy, when the alleged maltreatment involves a parent/caregiver, the CPS worker must conduct interviews and gather the following information to assess maltreatment, impending danger and the status of parent/caregiver protective capacities. The six (6) CPS Assessment factors are:

1. The household composition;
2. The extent, history, and circumstances surrounding the maltreatment;
3. Child functioning;
4. Adult functioning;
5. Discipline; and
6. Parenting.

The CPS worker must review the CPS Intake to verify any past/current involvement with child welfare and information related to adult functioning and parenting that may reveal if there are parent/caregiver protective capacities sufficient to manage impending danger threats. Additional information may be necessary to further identify parent/caregiver protective capacities that will assure child safety.

The CPS worker must complete a Safety Assessment of alleged maltreatment by a primary parent/caregiver during and at the conclusion of the CPS assessment. The basis for assessing child safety at the conclusion of the CPS assessment is the identification of impending danger threats.

### **Impending Danger 615-620**

Impending danger indicates that threats to child safety are family conditions that are specific and observable. A threat of impending danger is something you see or learn about from credible sources. Family members and others who know a family can describe threats of impending danger.

These dangerous family conditions can be observed, identified, and understood. If you cannot describe in detail a family condition or parent/caregiver behavior that is a threat to a child's safety that you have seen or been told about, that is an indication that is not a threat of impending danger. Child vulnerability is always assessed and determined separate from identifying impending danger. If a case does not include a vulnerable child, then safety is not an issue.

The danger threshold refers to the point at which family behaviors, conditions, or situations rise to the level of directly threatening the safety of a child. The danger threshold is crossed when family behaviors, conditions, or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. These family behaviors, conditions, or situations are active at a heightened degree, a greater level of intensity, and are judged to be out of the parent/caregiver or family's control thus having implications for dangerousness. This includes situations where the parent/caregiver is able to control conditions, behaviors, or situations but is unwilling or refuses to exert control.

If impending danger threats are identified, then a child is unsafe, and the worker must complete the Safety Determination Analysis.

### **Safety Determination Analysis 615-625**

If a child is unsafe, the child welfare worker must determine the level of intrusion needed to control and manage impending danger threats. Removal is not always required, and, in many situations, safety can be achieved by supporting the family in their home with identified interventions. To determine the appropriate level of intrusion, the worker must complete the Safety Determination Analysis to assess whether the identified danger can be sufficiently controlled with the help of family members, responsible adults, and other resources that support safety action.

For a safety plan to effectively use in-home safety services, or a combination of in-home and out-of-home safety services, the agency must know how the impending danger occurs uniquely within the family and what must be controlled. For each identified impending danger threat, the worker must assess:

1. **Duration:** How long has the problem or concern existed?
2. **Consistency:** How often is the condition present or affecting parent/caregiver performance?
3. **Pervasiveness:** What is the extent or intensity of the problem, and how consuming is it to parent/caregiver functioning and overall family functioning?
4. **Influence:** What triggers or activates the threat to child safety?
5. **Effect:** How does the condition impact the parent/caregiver's ability to provide care and protection?
6. **Continuance:** How likely is the condition to continue or get worse without agency intervention?

Understanding the above information will assist the agency's worker in determining if an In-Home Safety Plan can be put in place by answering the following questions:

1. Do the child's parents/caregivers have a suitable place to reside where an in-home safety plan can be considered?
  - a. Is there confidence in the sustainability of the safety plan in the current location of the parents/caregivers?
2. Is the home environment calm and consistent enough to allow safety services in accordance with the safety plan, and for people participating in the safety plan to be in the home safely without disruption (e.g. reasonable schedules, routine, structure, general predictability of family functioning)?
3. Are the parents/caregivers cooperative with child welfare services and willing to participate in the development of the in-home safety plan?
  - a. Are the primary parents/caregivers willing to allow safety services and actions to be provided in accordance with the safety plan?
  - b. Do the parents/caregivers possess the necessary ability/capacity to participate in an in-home safety plan and do what they must do as identified in an in-home safety plan?
4. Are there sufficient resources within the family or community to perform the safety services necessary to manage the identified impending danger threats?

If the answer to all above questions is "Yes," an in-home safety plan is, or remains, sufficient to control the danger. If the answer to any of the questions is "No," you must proceed with the development of, or continue with, an out-of-home safety plan. When an out-of-home safety plan is necessary, the worker must clearly outline what is must change needed for the child to return home. In most cases, this requires examining what is preventing any "No" responses from becoming "Yes" and identifying the supports the worker and agency can provide to the parents. Once the Safety Determination is completed, the worker must develop the Safety Plan.

### **Safety Planning 615-630**

The safety plan serves a distinctly different purpose than a present danger plan. While a present danger plan controls present danger threats, the safety plan is put in place to control impending danger threats. If impending danger is identified a safety plan must be completed. A safety plan is a written arrangement between parents/caregivers and the agency that establishes how impending danger threats will be managed. The safety plan is implemented and active as long as impending danger threats exist and parent/caregiver protective capacities are insufficient to assure a child is protected.

The safety plan must be described in detail indicating the:

1. Specific impending danger threats and how they are manifesting currently in the home environment;
2. Safety services that will be used to manage the identified impending danger threats.
3. Names of formal and informal support that will provide safety services;

4. Roles and responsibilities of the safety service providers including a description of the availability, accessibility, and suitability of those involved;
5. Safety services to include frequency and duration; and
6. Agency's plan to manage and oversee the safety plan, including communication with the family and safety service providers.

#### Documentation and Supervisory Approval of the Safety Plan

The Safety Plan form (Tool 6) must be completed, approved by a supervisor or designee, and provided to the family and licensed foster care provider or kinship caregiver. A copy of the safety plan must be scanned and attached to the CPS assessment in the Child Welfare Information System.

### **Family Interaction Planning 615-635**

Children and their families (parents, siblings, and extended relatives) benefit greatly from safe ongoing family interaction. These interactions support regular contact, strengthen attachment and preserve meaningful connections. Family interaction planning provides an opportunity to establish, maintain, and promote healthy relationships. Additionally, family interaction offers parents and kinship caregivers a hands-on opportunity to strengthen their skills, evaluate their parenting capacities, and deepen their understanding through direct engagement.

Implementation of family interaction plans preserve and strengthen family relationships as well as support the case plan by:

1. Facilitating timely reunification of children with their families;
2. Assessing and addressing safety issues during family interaction;
3. Assessing and working with the family to enhance parent or kinship caregiver protective capacities;
4. Minimizing placement-induced trauma for the child and family caused by separation;
5. Establishing, enhancing, and maintaining child, sibling, and family attachments; and
6. Establishing and facilitating other permanency options, when appropriate.

In addition, the agency should evaluate other individuals who are presented as significant or important people in the life of the child or family (fictive kin, godparent, close friend, teacher, coach, neighbor). The purpose of extensive evaluation early in the life of the case and ongoing is to determine the need to maintain those connections to reduce trauma for the child and to establish safe supportive out-of-home placement options when necessary.

#### Initial Family Interaction

The agency case worker must engage in development of an initial family interaction plan until a more thorough interaction plan can be discussed. Face-to-face family interaction must occur within seven (7) days of the child's placement in an out-of-

home safety plan. The agency is responsible for ensuring family interaction occurs and must make efforts to remove barriers that exist.

### Family Interaction Plan

The agency is responsible to create a family interaction plan outlining the anticipated interaction for the child with their parents, siblings, and other identified family members. The family interaction plan will be developed with the involvement of parent(s) and children who are able to contribute to the process, as well as the kinship caregiver or other participants identified by the family and agency. The family interaction plan must include:

1. Frequency of face-to-face and informal family interaction,
2. Location of the face-to-face family interaction,
3. Transportation to and from the scheduled family interaction,
4. Who will be present during family interaction, and
5. Arrangements for monitoring or supervision, if needed.

Family interaction plans should be reviewed and reassessed every two (2) weeks. Family interaction plans are expected to change overtime. When reunification is the goal, face-to-face family interaction should:

1. Support parents in enhancing their protective capacities: Contact may involve modeling with a parent structured play, feeding or bathing an infant, assisting with bedtime, completing homework, practicing positive discipline strategies, coaching parents on comforting techniques or how to set limits while validating emotions, using appropriate language, baking or cooking a meal together, etc.
2. Become less restrictive over time: Contact may start supervised and decrease to partial supervision and then move to unsupervised contact.
3. Increase in length of time spent together: Contact may start at 1 hour, transition to 4 hours, a full day, then transition to overnights, and
4. Enhance location opportunities to promote normalcy: Contact may begin at a mutual office space but should be re-evaluated regularly to determine if and when family interaction can occur in a community setting (park, mall playland) or most importantly the home of the parent or at a relative's house.

When reunification is no longer the goal, family interaction does not end. Unless parental rights are terminated or family interactions have been prohibited by a court order, parents and children have the right to interact and maintain at least minimal contact.

In cases where biological parents reside in separate households, efforts must be made to include both the child's mother and father in family interaction planning. In some cases, this may require the development of separate interaction plans.

When consistent family interaction does not occur, consultation with agency supervision is required. It is imperative that the case worker meet with the parent to

review and identify any barriers. The family interaction plan should be revised to accommodate all parties.

#### Frequency of Family Interaction

The agency shall make reasonable or active efforts to facilitate regular face-to-face family interaction consistent with the case plan goals. Family interaction must be offered face-to-face no less than weekly and for a minimum of one hour. Additionally, children shall have other informal methods of family interaction such as phone calls, texts, video calls or letters at least weekly.

Weekly interaction should be viewed as the minimum standard. However, best practice indicates frequent engagement to enhance attachment, bonding, relationship healing and growth between parents and their children. It is recommended a child age 6 and younger should have contact with their parent/s three (3) to five (5) times a week if the plan is for the child to return to the family home.

#### Location of Family Interaction

The agency shall assess and address where family interaction should take place; this will vary based on the family circumstances and should be reviewed regularly. Family interaction plans should occur in settings that encourage the most natural interaction between family members while minimizing any threats to safety that may exist to the children or other participants. Considerations for deciding on a location include:

1. Suitability of space to allow for positive interaction relative to the child's age and development.
2. Physical safety and emotional stability of the environment.
3. Assessing how the parent feels about the location and their comfortability and willingness to engage with the child in the identified setting.
4. Interest, willingness and support for family interaction to occur in the home of the kinship caregiver or foster care provider, where modeling and mentoring could be provided to the parent.

The ideal environment for face-to-face family interaction is in the home of the child's parent, if it is safe for all participants. When this cannot occur, interaction should occur in the most natural setting determined possible.

#### Family Interaction when siblings are not placed together

The agency shall make every effort to place siblings together; however, sometimes this is not possible. Sibling interactions provide an opportunity to build or maintain connection and relationships. When siblings are not placed together, agency case workers must facilitate and arrange for siblings to be:

1. Present during the scheduled family interaction.
2. Offered, at a minimum, face-to-face interaction once per week.
3. Offered additional family interaction opportunities such as contact by phone, text, video calls, letters, and email.
4. Made aware of where the other siblings are placed and how to reach the siblings ongoing. This is important that each of the sibling's kinship caregiver or

foster care provider is also aware, when appropriate, in efforts to support and maintain connections between siblings.

#### Decreasing or Suspending Family Interaction

The agency cannot suspend or prohibit family interactions unless a Court determines that continued contact is not in the child's best interests and if there is evidence that the contact is contrary to the safety of the child. Such court findings and information must be documented in the case record.

Agency case workers cannot use family interaction plans as:

1. Punishment, reward, or threat to a child or a parent or
2. A form of control for failure to fully work with agency or community providers or to comply with conditions of the case plan.

Incarcerated or institutionalization of a parent does not constitute grounds for prohibiting or canceling face-to-face family interaction, planning and arrangements should be made allowed by the facility in which the parent resides. In addition, the out-of-home kinship caregiver or foster care provider cannot prohibit family interaction and must support the identified family interaction plan as defined by the team.

#### Documentation of the Family Interaction Plan

The agency must clearly document the family interaction plan as part of the present danger plan or safety plan and will detail roles and responsibilities of those involved, such as who will transport the child to and from the family interaction, what the kinship caregiver or foster care provider will do to support the plan, what the parent's responsibilities is to arrange and confirm visits with the case worker in advance, and what is the plan and prepared activities for family interaction to assist with structure and quality of time together. In addition, the plan should address parental responsibility to appropriately assist their child with the transition at the conclusion of the family interaction. If applicable, the agency case worker must also document any barriers that exist which minimize the opportunity to engage in regular ongoing family interactions. At a minimum, the agency case worker shall reassess the family interaction plan every two weeks.

Upon completion of the family interaction, the agency worker will document details within the Child Welfare Information System case activity log including a description and details of the quality of the interaction:

1. Participation,
2. Level of supervision,
3. Location of the visit,
4. Duration of the time,
5. Activities or events attended,
6. Feelings and perspective from those who participated (child, parent, sibling, caregiver, case worker (if supervised) reflecting on how the interaction went.

7. If applicable, description regarding why the agency is unable to fulfill the family interaction plan responsibilities as originally scheduled (e.g.: Details of parent's unavailability, lack of cooperation, or refusal).

Any exceptions to family interaction planning must be approved by a supervisor and documented in the agency's case record.

#### Impact of Family Interaction Plans on Onsite Case Review (OCR) Process

Family interaction planning is critical to case success and is measured by Children and Family Services Quality Assurance Unit during periodic case file reviews and interviews with children, parents, kinship caregivers, foster care providers and agency workers involved in the case. Various items are reviewed for quality assurance, to identify strengths and areas needing improvement, as well as systemic priorities; family interaction and visitation with parents and siblings in foster care (item 8), preserving connections (item 9), engaging in parental and sibling relationship development (item 11), case worker visits with child (item 14) and case worker visits with parents (item 15) are all national permanency and wellbeing outcomes measured ongoing.

### **Drug Testing Prior to Overnight Visitation 615-636**

When a child in need of protection is removed from their home due to parental substance use and placed in out-of-home care by a public agency, the parent(s) may be subject to drug testing. When parental substance use is a primary factor in removal, agency workers must consult with supervision to determine if substance use constitutes continued risk to safety and if there are adequate protective factors to mitigate safety concerns. Agency workers must engage with the parent to identify family strengths, while partnering with the parent's SUD treatment provider, probation, drug court and other service providers to collectively evaluate areas of concern specific to parental substance use. Early identification and referral to SUD treatment are critical components for success in the case plan. Agency case workers must engage in reasonable or active efforts to help the parent schedule required SUD evaluations, remind the parent of upcoming appointments, arrange transportation and support the parent in navigating the various systems.

Agency workers must assess whether a drug test is required for the parent before any overnight visits, including trial home visits, or reunification can occur in the home. Drug testing applies when a child is removed from the parental home and any of the following are a contributing factor to the removal:

1. Use of a controlled substance, or
2. The presence of drug paraphernalia.

Drug testing is confidential and does not apply to marijuana.

Based on the details of the case, the agency will determine how drug testing will be administered; including what type of test will be performed (e.g.: sample of hair, sweat, urine, saliva or blood) and where the test will be conducted locally (e.g.:

agency office, local lab, third party provider). The parents must pass the drug test administered to them in order for overnight visits, including trial home visit or reunification to occur. If the parent does not pass the drug test, unsupervised overnight visitation will be rescheduled. The agency worker cannot eliminate family interaction and must re-evaluate the family interaction plan to continue opportunities to strengthen and maintain relationships within the family. The agency may require additional drug testing, at any time, to ensure safety and to facilitate safety planning for the child.

Drug testing only determines whether a person has used a particular substance during a specific period of time. Results are only as good as the timeframe in which they are administered and are one part of the ongoing assessment of a parent's substance use. Drug tests are used to monitor parental substance use and to encourage engagement in recovery, testing is not used to punish parents. Agency workers are trained to recognize recovery is not linear. Like other chronic conditions, recurrence and relapses are often a part of the recovery process, which means the agency worker assesses a broad range of considerations as the team safety plans and engages with families. Agency case workers must continually re-evaluate when family interaction between parents and their children can occur, deciding if and when visits can transition from supervised to unsupervised, and considering if drug testing should be utilized to support case plan decisions. Through testing, treatment support systems, and comprehensive safety assessments, agency workers have various tools necessary to benefit both parents and children in efforts to safely reunify.

### **Safety Management During Case Management 615-640**

Continually evaluating the effectiveness of what has been planned to control present and/or impending danger threats (i.e. present danger plans and/or safety plans) or enhance parent/caregiver protective capacities (case plans) is a critical child welfare agency responsibility in safety management and case management. Because family dynamics and/or situations can change, it is necessary to monitor safety on a continuing basis in case management cases. When present danger threats occur during case management, the case worker must follow the policies within this manual pertaining to the present danger assessment and present danger plan.

The essential safety intervention responsibility during case management is oversight of the safety plan. Safety management requires consistent interaction with parents/caregivers, family members, and people involved in the safety plan. The purpose of this contact is to ensure the safety plan is implemented as planned and that nothing is hindering its effectiveness.

Safety management includes being vigilant about the need to adjust the safety plan. This responsibility includes being alerted to changes in a family or individuals that influence impending danger. Safety management is provisional or dynamic. It is subject to change or adjustment based on what is happening with parents/caregivers and families. Safety management needs to be flexible so that safety actions can be

increased or decreased based on the status of impending danger and changes in parent/caregiver protective capacities.

### In-Home Safety Plan

The case worker must continuously conduct a review and evaluation of the adequacy of an in-home safety plan. This includes majority of visits occurring in the primary residence of the child:

- Twice a month face-to-face contact, at a minimum, with parents/caregivers and child unless a need for more immediate contact is indicated by the information obtained about the family by a kinship caregiver or foster care provider, and
- Twice a month contact, at a minimum, with the kinship caregiver or foster care provider involved in the Safety Plan.

In families where there is an in-home safety plan, information gathered from the parents/caregivers, child, and a kinship caregiver or foster care provider is used to evaluate and confirm child safety by:

1. Assuring that the services put in place continue to adequately control identified safety threats,
2. Assuring that the commitments by the family and providers remain intact,
3. Determining whether previously identified safety threats have been eliminated or if the severity has been reduced or increased,
4. Determining if new safety threats have emerged, and
5. Modifying the present danger plan (related to present danger threats), safety plan (related to impending danger threats) or case plan (related to protective capacities), when appropriate.

### Out of Home Safety Plan

The case worker must continually review and evaluate whether the out-of-home safety plan remains adequate. Face-to-face contact requirements vary depending on whether the agency has custody.

- When the agency has custody:  
The care worker must have face-to-face contact with the child and kinship caregivers at least monthly, with the majority of visits occurring in the child's primary residence.
- When the agency does not have custody:  
The care worker must have face-to-face contact with the child and kinship caregivers at least twice per month, with the majority of those visits occurring in the child's primary residence.

The case worker must also have at least monthly face-to-face contact with the parents/caregivers, regardless of the custody status. The case worker must also complete a reassessment of the safety of the placement at minimum, every thirty (30) calendar days. This must include confirmation of the continuing suitability of the kinship caregivers, the absence of safety threats, the presence of indicators that the environment is safe, and the child's adjustment to the placement.

### Placement with a Kinship Caregiver

This policy specifically applies to case management cases in which this safety service involves at least one child being separated from parents/caregivers and placed with a kinship caregiver without a change in custody. Therefore, the separation safety service is a voluntary arrangement between the parents/caregivers and kinship caregiver, overseen by the agency. The agency must ensure all actions comply with this policy.

Assessing and confirming a safe environment in kinship caregiver's dwellings must occur every time a new placement with a kinship caregiver is considered. Prior to placement with a kinship caregiver the case worker will follow present danger planning requirements and timelines associated with conducting preliminary safety checks (child abuse and neglect index, background checks) and a [SFN 399 Unlicensed Caregiver Home Study](#) to assess and evaluate the safety of the setting and assist the kinship caregiver in obtaining provisions needed for the care of the child. This assessment includes discussing expectations and clarifying the role of the kinship caregiver, and providing information on any issues related to the care of the child.

Ongoing and timely follow up from the case worker is important in supporting and maintaining the kinship caregiver as a placement resource. Additionally, the case worker must:

1. Consider danger threats ongoing with kinship caregivers to determine the safety of the home. If kinship caregiver danger threats are confirmed, the worker must locate and transition the child to a new placement immediately.
2. Assess the kinship caregiver's motivation to provide care for the child, perspective of the child, and an understanding of the need for an out-of-home safety plan.
3. Assess the child's reaction to and perspective of the kinship caregiver and the home.
4. All potential kinship caregivers and other household members must be included in the assessment.

### **Safety Plan Revisions 615-645**

In case management, the case worker is responsible to reassess safety at every contact with the family and when conducting face-to-face visits with the kinship caregiver or foster care provider with whom the child is placed. Key questions to consider during safety plan assessments include:

1. Is impending danger still apparent?
2. Are threats changing for the family?
3. Are there new threats?
4. Can the level or degree of intrusion be reduced?
5. Should different services or supports be implemented?
6. Can the family assume more responsibility?

Ongoing evaluation of the safety plan will provide valuable information regarding whether the agency and kinship caregiver or licensed foster care provider's involvement needs to intensify or can be decreased. After evaluating the safety plan through answering all of the above questions, the case worker and safety plan participants must then ask the following:

1. Do changes regarding impending danger or parent/caregiver protective capacities prompt revisions to the safety plan?
2. Do these changes require more intrusion?
3. Do these changes require less intrusion?
4. Are safety services and safety service providers available and accessible to have an immediate impact?

When evaluating the provision of safety services and provider supports for an in-home safety plan, the case worker must ask the following questions:

1. Are safety services still working?
2. Are participants and safety service providers continuing to carry out their defined role in the safety plan?
3. Is the child safe?
4. Are services still available and accessible at the required level to have an immediate impact on child safety?

If the answer to any of the above questions is "no," the case worker and safety plan participants must adjust and/or change safety services so that child safety is assured.

The case worker must continually assess whether parents/caregivers are able and willing to abide by the safety plan. Therefore, the following questions must be answered whenever the safety plan is assessed:

1. Are the parents/caregivers still willing to accept the safety plan?
2. Are they cooperative with the kinship caregiver or foster care providers?

If the answer to any of the above questions is "no," the case worker and safety plan participants must reevaluate whether an in-home safety plan remains sufficient to control impending danger, or whether an out-of-home safety plan is required. When it is determined the safety plan needs to be revised due to changing conditions in the family, including changes in parent/caregiver protective capacities, the case worker and supervisor have specific responsibilities.

#### Case Worker Responsibilities

1. Review and revise the safety plan ongoing.
2. When a safety service (kinship caregiver or foster care provider) is involved in safety management, include him/her in the revisions of the safety plan.
3. Review the revised safety plan with the supervisor and send to the parents/caregivers, kinship caregiver or provider, and child and family team members.

4. Complete in-person contact with parents/caregivers, children, and safety plan participants within ten (10) calendar days after implementing the revised safety plan to assure it controls the identified impending danger.

#### Supervisor Responsibilities

1. Review any submitted safety plan revisions from the case worker.
2. Approve revised safety plans and ensure they are sufficient and implemented as designed.
3. Ensure that any required follow-up contacts are completed by the case worker within the required timeframe.

### **Court Intervention 615-700**

If the family is unable or unwilling to control present danger and/or impending danger threats to safety through the use of a safety plan, the child welfare agency must consult with the state's attorney or Juvenile Court to ensure that necessary services are ordered by the court and implemented or take other reasonable action (i.e. temporary custody order) to immediately assure child safety.

Case workers are responsible to work with the local State's Attorney assigned to the case to ensure all paperwork is submitted timely to Juvenile Court. The case worker must prepare a detailed affidavit with proper judicial determination language and file it with the State's Attorney. Upon receipt, the State's Attorney will petition the court for a hearing, and all notices are served to the parties involved. Child welfare workers must be prepared to present to the court all evidence about a child's removal from the home, reasonable or active efforts that were provided to prevent removal or return the child to their home, as well as any updates regarding the case plan/goal.

### **Child Welfare Court Hearings 615-705**

A legal proceeding is a procedure or action established in a court of law to acquire a right, interest or benefit or to reinforce a remedy. Child welfare workers will engage in various types of court hearings.

#### Temporary Custody Order (TCO)

If present danger exists and out-of-home placement is warranted, agencies shall make reasonable or active efforts to prevent removal by working to implement a safety plan that the parents will agree to such as seeking supports from relatives or kin prior to requesting a temporary custody order (TCO). The purpose of the temporary custody order is to remove the child from the present danger situation with authorization from Juvenile Court until a shelter care hearing occur.

TCO Highlights include:

1. A removal from the home can be authorized by law enforcement or a TCO must be issued by the Director of Juvenile Court (or designee).
2. If removal is authorized verbally, a TCO must be in writing within 24 hours.

3. Agency affidavit to request shelter care must be submitted to the Juvenile Court asap. Juvenile Court will need documentation to create a court file and schedule a shelter care hearing.

### Shelter Care Hearing

The purpose of a shelter care hearing is to determine whether there is probable cause to believe the child is in need of protection or delinquent and if removal from the home for shelter care is required to protect the child. The shelter care hearing must be scheduled no later than 96 hours before a judge, with the exception of holidays and weekends.

Shelter Care Hearing Highlights include:

1. Determination if:
  - a. The child shall remain in out of home placement under the care, custody, and control of a public agency;
  - b. It was "contrary to the welfare" for the child to remain in the home upon removal; and
  - c. Reasonable or active efforts were made to prevent the removal.
2. An adjudication must occur within 60 days from date of removal (within 30 days if ICWA applies). Petitioner has 30 days from first placement to file a petition. However, in order to ensure proper service of the documents on the parties as required by court rules the filing of the petition should occur within the first 15 days. If the petition is not filed within 30 days of the shelter care hearing, the child must be released from shelter care and custody is returned to the parent. Some jurisdictions have an initial appearance on the petition, which is held within thirty (30) days of removal. If that cannot be done, the shelter care order may be extended, but the required judicial determinations are still required.
3. Agency case workers must collaborate with local State's Attorney office to verify the amount of time needed to prepare court documentation and service of process on all parties. In most cases, the affidavit in support of the child in need of protection petition must be submitted to State's Attorney office as directed by the local State's Attorney or at least 10 days before the petition is to be filed with Juvenile Court.

### Initial Appearance

This is the first time the parties of the case will appear in court to respond to the petition. The Judicial Officer will:

1. Review the proceedings,
2. Acknowledge the parties who are present, and
3. Advise the respondents of:
  - a. The allegations,
  - b. Their rights (counsel, admit, deny, go on to trial),
  - c. The possible outcomes of the proceedings, and
  - d. Consequences of an admission or denial.
4. Elicit a response (admission or denial) from the respondents.

- a. If they deny, then a pretrial conference, status conference, adjudication hearing or trial is scheduled.
  - b. If they admit, then either a disposition hearing will be held at that time or the case will be continued for a later dispositional hearing.
5. Agency must work with the State's Attorney to ensure no further information is required to be filed with the court prior to the hearing.

### Adjudication Hearing

The purpose of the adjudication hearing is to either accept admission to the allegations or to hear evidence submitted to prove the allegations as listed in the petition.

#### Adjudication Hearing Highlights Include:

1. Court must make findings as to whether the child is in need of protection,
2. Evidence of need for protection must be clear and convincing,
3. Admission of need for protection,
4. If need for protection is found; move to disposition hearing.
5. Evidence of each delinquent act must be found by proof beyond a reasonable doubt.
6. The hearing on the petition must be held and findings made within 60 days of initial removal (30 days if ICWA applies), unless a continuance is granted by the court under Rule 9 of the ND Rules of Juvenile Procedure.
7. In most cases, adjudication and dispositional hearing will be held at the same time.
8. Agency must work with the State's Attorney to ensure no further paperwork or information is required to be filed with the court prior to the hearing.

### Dispositional Hearing

The purpose of a disposition hearing is to conclude a case by deciding on the consequences. For a juvenile, the goal is a dispositional plan addressing the issues that led to the offense through treatment, supervision, and rehabilitation. For an adult, the purpose is to determine a just sentence by weighing various factors. The hearing allows both the prosecution and defense to present arguments, and the final decision balances societal needs for punishment with any mitigating factors. This hearing will include whether to permit the child to reside with the child's parents, guardian or other custodian, subject to conditions and limitations as the court subscribes, including supervision as directed by the court for the protection of the child such as a safety or treatment plan. The court may also consider whether it is in the best interests of the child to return home if the child was removed in a shelter care hearing prior to disposition.

#### Dispositional Hearing Highlights Include:

1. This hearing may be combined with the adjudication hearing.
2. The court may receive evidence from any party relating to the disposition. The court listens to evidence regarding what services the parents have participated in to address the issues that brought the case before the court.

3. The court will also hear evidence regarding the child's placement, wellbeing, and service needs. The court looks at the efforts made by the agency to assist the family, and the best interests of the minor.
4. In determining who shall have custody of a child at the time of disposition, the court will review what is in the child's best interest.
5. In delinquent cases:
  - a. The court will hear evidence as to whether the child is in need of treatment or rehabilitation.
  - b. The burden of proof at this stage is clear and convincing evidence standard.
6. In child in need of protection cases, the court can make any disposition listed at 27-20.3-16 which is "best suited to the protection and physical, mental, and moral welfare of the child".
7. Agency must work with the State's Attorney to ensure no further information is required to be filed with the court prior to the hearing.

### Review of Custody Hearing

At any time, the child, parents or any party can request a review hearing as it is not required that a review be initiated by the custodial agency. The purpose of the hearing is to update the court on the progress of the case planning, the court to review the respondent's request for release or any other issue which the respondent is requesting be reviewed by the court.

### Review Hearing Highlights Include:

1. An agency can request for an early release of custody at this time if the family has met the terms of the case plan or can request the case be extended until the future permanency hearing to allow more time to achieve case goals.
2. A review hearing can also be combined with a permanency hearing and held as one hearing in judicial court proceedings.
3. Agency case workers must collaborate with local State's Attorney office to verify the amount of time needed to prepare court documentation. In most cases, the affidavit must be submitted to the state's attorney at least 14 days before the needed hearing date in order to provide time for state's attorney review, the filing of the necessary documents, and the service of the paperwork on the parties in the case.

### Permanency Hearing

The purpose of the permanency hearing is to review progress toward the goals outlined in the original order that addressed the reasons for the child's placement in foster care. During the hearing, the court identifies the approved permanency plan for the child and establishes the expected timeline for achieving that plan.

### Permanency Hearing Highlights Include:

1. The court will monitor the wellbeing of the child and carefully review issues regarding the child's placement, service needs, education, and family visitation and determine whether the original order should be extended for an additional period of time.

2. If permanency is not achieved within 12 months of removal, agencies must obtain the required judicial determination that out of home care is required and reasonable or active efforts were made to finalize the permanency plan and to indicate what the efforts were and the goal in place. Permanency goals may be either reunification, adoption, legal guardianship, placement with relatives who can and is willing to provide adequately for their safety and wellbeing, or placement of another planned permanent living arrangement.
3. A permanency hearing and a review hearing can be combined and held as one hearing in judicial court proceedings.
4. A full hearing is required. Paper reviews, *ex parte* hearings, agreed orders, or other actions or hearings which are not open to the participation of the parents of the child, the child (if age appropriate), and kinship caregivers, foster care providers or pre-adoptive parents (if any) are not permanency hearings.
5. In addition, a permanency hearing must be conducted within thirty (30) days after a court determines that reasonable efforts are not required because:
  - a. A parent has subjected the child to aggravated circumstances; or
  - b. The parental rights of the parent, with respect to another child of the parent, have been involuntarily terminated.
6. Agency case workers must collaborate with local State's Attorney office to verify the amount of time needed to prepare court documentation. In most cases, the affidavit must be submitted to State's Attorney office at least 90 days prior to order expiration in efforts for the State's Attorney to file the notice of permanency or request for review timely with the court.

#### 18+ Continued Care Permanency Hearing

The purpose of the hearing is to authorize placement and care responsibility to a public agency for a youth requesting continued foster care who meet specific eligibility. 18+ continued cases are no longer under the public custody of an agency.

#### 18+ Permanency Hearing Highlights Include:

1. Every 18+ Continued Care court order must be a permanency hearing and obtain permanency findings.
2. Every 18+ cases must have a permanency hearing no later than 90 days of the effective date on the SFN 60, 18+ Continued Care Agreement.
3. Courts do not grant custody in 18+ cases, only placement and care of the agency.
4. Agency case workers must collaborate with local State's Attorney office to verify the amount of time needed to prepare court documentation. In most cases, the affidavit must be submitted to State's Attorney office at least 14 days before the petition or notice of permanency is to be filed with the court.

#### Termination of Parental Rights (TPR) Hearing

The purpose of such a hearing is to review a request to terminate the parental rights of the parents in cases with the most extreme forms of need for protection. This may be the case where the child has been "abandoned" by the parents or where the child has been subjected to "aggravated circumstances", i.e. extreme forms of abuse or

neglect or when the child is and has been in need of protection and all indications are that the need for protection will continue to the harm of the child. ([NDCC 27-20.1](#)) A TPR is a complicated proceeding; the rights of all parties are given great merit because of the finality of the outcome.

Termination of Parental Rights Hearing Highlights Include:

1. Judge will advise parties of their right to counsel, appoints counsel as necessary, accept admissions or denials on the TPR petition and order parents to the adjudicatory hearing.
2. If a parent or legal custodian is absent, the court will evaluate the sufficiency of service and notice and make a determination as to whether the parent has defaulted to the TPR for failure to appear or whether another advisory hearing date should be set for that parent.
3. In order for a termination of parental rights to be granted, the evidentiary standard of clear and convincing or beyond a reasonable doubt (ICWA) must be met to prove the child is in need of protection, and:
  - a. The need for protection is likely to continue or will not be remedied; and
  - b. The child will suffer serious physical, mental, moral, or emotional harm because of this; or
  - c. The child has been in foster care for at least 450 out the previous 660 nights (can be less than 450 days); or
  - d. The parents' consent to the termination.
4. Agency case workers must collaborate with local State's Attorney office to verify the amount of time needed to prepare court documentation. If permanency findings are begin sought in the same hearing as the termination of parental rights, the affidavit must be submitted to the State's Attorney office at least 60 days, and in some areas 90 days, before the permanency order expiration date so that the State's Attorney may file the notice of permanency or request for review timely with the court.

### Court Order Continuances

Throughout the life of the case, there are times when the court "continues" the child's order without a hearing, this is typically done to ensure all parties have an attorney, etc. Continuance is an allowable function of the court, however the timeframe in which a continuance is granted is important for foster care cases.

For a shelter, disposition or review hearing, if a court has made the requisite "contrary to the welfare" and "reasonable or active efforts to prevent removal" findings, a continuance issued under Rule 9 of the N.D. Rules of Juv. Pro. can occur and will, unless otherwise ordered, continue the existing custodial order. Continuances generally carry forward the existing judicial determinations, which is acceptable when the child remains in public custody and the case is not due for a permanency review.

For a permanency hearing, if a case is due for 12-month permanency review, a court can make the decision to continue an order to maintain custody, however, the case

must receive new permanency judicial determinations before the last day of the 13th month in efforts to meet the Title IV-E requirements of the Social Security Act. Federal regulations requires judicial determinations from the court that the agency has made reasonable efforts to finalize the permanency plan for the child at least every twelve months. A continuance of a prior order does not bring forward the required new judicial determination, nor does a court order continuance allow the participation of the relevant parties in a hearing to address permanency. If the new judicial determinations are not obtained by the end of the 13th month, HHS Children and Family Services cannot make a foster care payment on behalf of the child ([CFR 45 CFR Part 1356](#)).

### Hearing Notices

Reasonable notice of court hearings and the opportunity to be heard for parties affected by the case must be granted. Initially, the agency granted temporary custody is required to notify all relevant parties. When ongoing hearings occur (petitioned proceedings), the Courts provide reasonable notice, either oral or written, to the child (when age appropriate), the child's parents, guardian, or other legal custodian. The custodial agency must ensure the licensed foster care provider or unlicensed caregiver is provided with written notice of, and a right to be heard in, any proceeding with respect to the child. Email or letter notice constitutes written notice, if there is documentation of the letter or email on file. Foster care providers or kinship caregivers may choose to attend the court proceeding, but are not always permitted in the hearing. ND Rules of Juvenile Procedure, Rules 4 and 15. ([www.ndcourts.gov](http://www.ndcourts.gov)).

### **Court Documentation - Custodial Agency 615-710**

[NDCC 27-20-3-17](#) requires custodial agencies to develop and submit an initial and ongoing family case plan to the committing Juvenile Court by e-filing into the court system. Custodial agencies must upload the progress for every child. The progress reports provide an update to the court to review and determine whether the achievement of permanency is occurring timely for the child. This policy includes children in foster care under the custody of an agency with a termination of parental rights (TPR) or placement and care in the 18+ Continued Care Program. TPR and 18+ cases have a valid court order and require quarterly progress be uploaded to the court until permanency is achieved.

#### Initial Documentation - New Case

1. Upload the initial family case plan within 60 days of entry into foster care.
2. "Family Case Plan" is defined by foster care policy to include:
  - a. Case plan (Tool 6),
  - b. Out of home safety plan (Tool 4), and
  - c. History of foster care placements since entry into care.

#### Quarterly Progress – Opened Cases

1. Upload the quarterly family case plan progress report
2. "Family Case Plan Progress Report" is defined in foster care policy to include:
  - a. Protective Capacities Progress Assessment (PCPA -Tool 7), and

b. History of foster care placements in the past quarter.

### Juvenile Court E-filing

Juvenile Court created training specific to e-filing documents into the court file. Custodial agencies must determine which employees will be uploading the documents and require the workers to take the online training to file properly. The custodial agency must code the plan as a "report" and comment on the type of report filed.

1. Family Plans
  - a. Code = Report
  - b. Filing Comment = Initial report plan or quarterly plan
2. Placement History
  - a. Code = Report
  - b. Filing Comment = Placement History
  - c. There is not a specific document required for placement history. Custodial case workers can decide how to best provide this information (e.g.: screen shot of placement history saved as a PDF) to the court.

### Redacting

If the custodial agency feels it is necessary to redact documents specific to parental involvement and parental services, the agency can choose to redact or e-file documentation separately.

### File and Serve Training

North Dakota Courts offers various resources and training on electronic filing, requirements for the filing formats, timely filing, confidentiality and more. Case workers can locate training on these links:

- <https://www.ndcourts.gov/legal-resources/rules/ndrct/3-5>
- <https://www.ndcourts.gov/district-courts/e-filing-portal>

When registering online do not enter an agency credit card, as there not a charge to e-file. Agencies may select "waiver".

## **ICWA Court Proceedings 615-720**

The child's case worker must be prepared to present to the court all the evidence the agency has about a child's connection to a Tribe. If ICWA does apply, the court is responsible to follow specific criteria for Indian children. ND Supreme Court created an [ND ICWA Hard Card](#) for the Judicial Bench book; a tool to help prepare proper language for the affidavit presented to the court regarding ICWA.

Case workers must request that the court make a finding on the record at every custody proceeding (emergency, involuntary, voluntary, etc.) if any participant knows or has reason to know that the child is an Indian child and whether ICWA applies. If the court does not have sufficient evidence to confirm that the child is an Indian child, the court must make diligent efforts to work with the Tribe(s) where there is

reason to know the Indian child may be affiliated. The court will proceed by applying ICWA standards until they receive confirmation that ICWA does not apply. The child's Tribe is the only entity that can make a determination of whether a child is an Indian child or not.

### Emergency Removals

1. ICWA regulations state that emergency removals are authorized to protect an Indian child in imminent physical danger or harm, but they should cease immediately when the placement is no longer necessary to prevent imminent harm.
2. ICWA regulations state that emergency removals should not last longer than 30 days unless the court makes required determinations.
3. ICWA regulations require the court and/or custodial agency or its agent provide a Qualified Expert Witness (QEW) at the removal hearing. In ND, the ICWA Family Preservationist (IFP) may serve as a QEW.

### Notice in Child Custody Proceedings

ICWA requires that notice must be provided by the party seeking placement or termination of parental rights to the parent(s), Indian custodian, and child's Tribe. If a court proceeding has been scheduled, notice must be:

1. Sent by registered mail, return receipt requested.
2. A copy of this notice should be filed in the case file and with the court, along with any returned receipts.
3. No requests for a court proceeding (with the exception of emergency removals) can be made until:
  - a. At least 10 days after receipt of notice by parents or Indian custodian, or after 30 days if 20 additional days are requested by the parents or Indian custodian to prepare for the proceedings; or
  - b. At least 10 days after receipt of notice by the Tribe, or after 30 days if the Tribe requests an additional 20 days to prepare for the proceeding; or
  - c. No fewer than 15 days after receipt of notice by the Bureau of Indian Affairs.

### If the Tribe Does Not Respond

If a Tribe does not respond to an official notice sent by the agency or if the Tribe replies that it does not wish to intervene in the proceeding, the case worker must continue to send the Tribe notices of every proceeding. The Tribe can intervene at any point in the proceeding and therefore has the right to notice of all hearings related to the case.

### Transfer of Jurisdiction to Tribal Court

A request for transfer of jurisdiction may be made orally on the record in court or in writing by either a parent or the Indian child's Tribe. The right to request transfer is available at any stage of child custody proceedings. ICWA regulations contain five factors that the court cannot consider in determining whether good cause exists not to transfer jurisdiction, including:

1. Whether the proceedings are at an advanced stage when the Tribe, parents, or Indian custodian have not received notice of the proceedings until an advanced stage
2. Whether transfer was requested in prior proceedings
3. Whether transfer could affect the placement of the Indian child,
4. The Indian child's cultural connections to the Tribe, or
5. Socio-economic conditions or any negative perception of tribal or BIA or judicial systems.

### Late Evidence

If the court determined on the record that there was no reason to know the child was an Indian child and it was determined that ICWA did not apply, and a party later comes forward with reason to know ICWA does apply, the court shall apply ICWA standards to the case immediately. If new evidence is identified during a case that gives reason to know the child is an Indian child; such as

1. A Tribe changing eligibility requirements over the course of a case where a child is a member or eligible for membership, or
2. A Tribe has recently received federal recognition; the child's case worker must bring new evidence to the court's attention. 25 CFR § 23.107(a).

### Qualified Expert Witness (QEW)

The court and/or custodial agency or its agent must provide a Qualified Expert Witness (QEW) be present at the removal hearing and ongoing hearing thereafter.

A QEW:

1. Must be qualified to testify as to the prevailing social and cultural standards of the Indian child's Tribe.
2. Cannot be the case worker regularly assigned to case.
3. May be the ICWA Family Preservationist authorized by the Tribe or other identified Tribal representative. If an agency is experiencing challenges in locating QEW, they may request assistance from the Tribe.
4. Must testify regarding whether the child's custody by the parent or Indian custodian is likely to result in serious emotional or physical damage to the child.

### Termination of Parental Rights

The agency case worker must be prepared to present to the court all the evidence detailing a child's connection to a Tribe, case planning, permanency goals, active efforts, etc. The child's case worker must:

1. Petition to terminate parental rights,
2. Notify the Tribe, biological parents, Indian custodians, an all-relevant parties,
3. If a Tribe does not respond after 12 months to the agency's required attempts to determine if the child is a member or eligible for membership, the case worker will consult with BIA Regional Director to establish if the case worker applied due diligence in trying to obtain a response from a Tribe.
4. If the review of information documented by the case workers efforts to contact the Tribe determines that additional efforts must be made, the case worker

- must make those efforts before presenting the termination of parental rights to the court.
5. If the court determines on the record that there is no reason to know the child is an Indian child and it is determined that ICWA does not apply, a party who later comes forward with reason to know ICWA applies can request the court to apply ICWA standards before proceeding with a termination of parental rights.
  6. If new evidence is identified during a case that gives reason to know the child is an Indian child (such as a Tribe changing eligibility requirements over the course of a case where a child is a member or eligible for membership, or a Tribe has recently received federal recognition), the child's case worker must bring new evidence to the court's attention. [CFR 25 CFR 23.107](#).

### Abandoned Child – Domicile

If a public agency obtains custody of a child, and the agency has reason to know a child is an Indian child due to the domicile or residence of the child's parent or custodian is on a reservation ([CFR 25 CFR 23.107\(c\)\(4\)](#)), the case must be treated as an ICWA case until it is determined the child does not meet the definition ([CFR 25 CFR 23.107\(b\)\(2\)](#)). The child's worker would need to determine if the child or parent's domicile is on the reservation; meaning residence with an intent to stay, or return. If domicile of the parent is in fact on the reservation, the agency will need to work directly with the Tribe to determine if ICWA applies.

The Tribe is the only entity who can determine if a child is an Indian child enrolled or eligible for enrollment; a public agency cannot ([CFR 25 CFR 23.108\(b\)](#)).

Note: a blood or DNA test will not confirm if ICWA applies to a child.

### **Reasonable or Active Efforts 615-725**

Child welfare agencies are required to make and document reasonable or active efforts. Reasonable or active efforts (in ICWA cases) are the steps taken to help keep children safely with their families whenever possible or to reunite families when a child has been removed. These efforts involve working in partnership with families, listening to their needs, building on their strengths, and connecting them to services that address safety concerns. Case workers are expected to make thoughtful ongoing efforts and clearly document the steps taken by the agency.

Federal law requires judicial determinations of reasonable or active efforts be made known during court proceedings showing efforts the agency has made to provide assistance and services to the family. Reasonable or active efforts are intended to support and document agency efforts to engage with families, maintain family connections, offer services and ultimately justify that the decision to remove a child from their home was made with the greatest care for the child's safety. The agency shall ensure the removal occurs only after reasonable or active efforts to engage the family in services to improve conditions have been provided and failed, offered and refused, or when there is a clear danger to the physical and emotional wellbeing of the child.

Child welfare agencies are required to make and document reasonable or active efforts:

1. To prevent the removal of a child from their home;
2. To finalize a permanency plan for the child within 12 months of the date the child is considered to have entered foster care and every 12 months thereafter;
3. To maintain family connections; and
4. In the case of siblings not placed together, to provide for frequent visitation or interaction, unless this would be harmful to any of the siblings. A review of the efforts and such findings must be made at each hearing.

Active efforts are considered best practice in all cases but are only required for cases where ICWA applies and it is known that the child is an Indian child either enrolled or enrollable in Tribe.

<b>Agency Case Worker Examples of Effort</b>	
<b>Reasonable Efforts</b>	<b>Active Efforts</b>
Referral for Substance Abuse Treatment	Identify with parent/s any barriers to begin treatment (transportation, childcare, employment, etc.) Together complete the appointment/scheduling and referral/admissions paperwork.
Case management – meetings, visitation, updates to case plan	Proactive and diligent engagement with parents, consistent monitoring of and follow-up to support case goals and tasks; including ongoing telephone calls/text, face-to-face visitation with parent/s and social supports relevant to the case plan.
Standard case plan goals	Meet with the parent/s and Tribe’s ICWA Coordinator to discuss meaningful goals and tasks to aid in successful and timely achievement of the case plan.
Referral for parenting class	Review the list of available classes in the area, select a culturally appropriate session, identify with the parental barriers to attend, assist in registering for the class and provide or arrange for transportation as needed.
Referral for economic assistance to provide financial help to parent/s	Meet with the parent/s to complete the online application for assistance and support the parent to call and follow-up on the application status.
Referral to individual therapy once per week to address mental health needs of the parent	Review the list of available therapists and behavioral health resources in the area, assist in appointment scheduling, transport

	the parent to his/her first appointment and maintain contact with the parent and service provider ongoing.
Document the child is eligible for enrollment with a Tribe	Engage with the parents to identify Tribal connections, contact the Tribal office and take necessary steps to secure tribal membership for an eligible child.
Placement of the child is made to an available foster home.	Review of ICWA placement preferences, meet with parent/s to discuss family options, identified relatives or available foster care providers to ensure culturally appropriate placement.
Tribal engagement by emailing meeting or hearing notice and case plan updates.	Send regular informal emails or make phone calls to update the Tribe of case status using the ICWA Inquiry or Case Status form.

Removal of a child from the home must be based on judicial findings stated in the court order and determined on a case-by-case basis in a manner that complies with Social Security Act [42 USC 620: Authorization of appropriations](#), [42 USC 6701: Definitions](#) and [25 U.S. Code Chapter 21 ICWA](#). These regulations require the initial court order and subsequent court reviews document the agency's reasonable or active efforts. If removal is warranted, the court shall consider whether services to the child and family were:

1. Relevant to the safety and protection of the child,
2. Adequate to meet the needs of the child and family,
3. Culturally appropriate,
4. Available and accessible,
5. Consistent and timely, and
6. Realistic under the circumstances.

#### Exceptions to Reasonable or Active Efforts

Reasonable or active efforts to prevent removal, or return a child home, are not required if:

1. A court of competent jurisdiction has determined that a parent has subjected the child to aggravated circumstances; or
2. The parental rights of the parent, with respect to another child of the parent, have been involuntarily terminated.

The agency must document in the affidavit such details and request the State's Attorney bring these points to the court's attention during the shelter care hearing. The agency must seek to assure that the court record documents the judicial finding that reasonable or active efforts are not required for a specific reason. If the court makes a finding that reasonable or active efforts are not required, a permanency hearing must be held within 30 days of the removal or date of determination, unless the requirements of the permanency hearing are fulfilled at the hearing.

## **Case Management 615-800**

Case management includes both in-home and out-of-home safety planned cases and involves a series of key activities focused on safety, planning, engagement, and progress toward permanency. Safety assessment and planning remain the focus throughout both levels of case management. This includes reviewing the existing safety plan developed during the CPS assessment and continuously assessing and overseeing child safety. Workers must adjust safety plans as needed to ensure they remain effective while using the least intrusive interventions possible.

Case planning is a critical component of case management. Workers engage families in a collaborative planning process where parents and caregivers, with support from the agency, establish measurable goals that lead to lasting behavioral changes and eliminate identified impending danger. Throughout this process, workers identify and measure progress related to strengthening parent and caregiver protective capacities and document this progress to ensure appropriate permanency planning. This documentation supports safe case closure, stability, and permanency for the child.

Family engagement is an essential part of case management. Workers conduct regular face-to-face contact with parents and children in alignment with the type of safety plan and program requirements. They also facilitate safe and meaningful parent-child interactions and work to support and strengthen all aspects of the family's wellbeing.

## **Family Engagement 615-805 – *coming soon!***

## **Absent or Noncustodial Parents 615-810**

The agency shall make diligent, ongoing efforts to identify, locate, notify, and engage noncustodial or absent parents. These efforts shall continue throughout the life of the case, recognizing that parents may serve as valuable resources for the child's safety, permanency, wellbeing, and long-term support. Parents have specific rights regarding their children that must be protected when a public agency must intervene.

### Location is Unknown

The North Dakota Department of Health and Human Services or designee, in its provision of services under Title IV-E/IV-B of the Social Security Act, may have access to certain Child Support Enforcement Federal Parent Locator Service (FPLS) information for defined purposes. Information may only be accessed for the purpose of locating or facilitating the discovery of an individual who is a parent, alleged father, or relative of the child, as needed for IV-E/IV-B agencies to carry out their responsibilities of the IV-E/IV-B programs.

A search for an absent parent is required unless an individual has been granted 'good cause' for non-cooperation with the IV-D program (fear of serious physical or

emotional harm to the child or parent). A copy of the agency's final decision that 'good cause' does exist and the basis for the findings must be included with the relative search documentation. In out-of-home custodial cases, the custodial agency is required to review cases at least every six months in which 'good cause' was previously found to exist. If it is determined circumstances have changed and 'good cause' no longer exists, a search for the absent parent must be made immediately.

To access the FPLS information the following steps must be followed:

1. The case worker identifies a need to "locate" information. (Is the information needed for a parent, alleged father, or relative of the child, and is the purpose related to carrying out the responsibilities of the IV-E/IV-B programs?)
2. If the answer is "No" then FPLS information may not be requested.
3. If the answer is "Yes" then the case worker completes the Request for Use of the Federal Parent Locator Service (FPLS) for Child Welfare Services ([SFN 1944](#)).
4. The completed form is emailed by the agency worker to the Children and Family Services Field Service Specialist (CFS- FSS).
5. The CFS-FSS reviews the request for approval.
6. The CFS-FSS sends the approved SFN 1944 to the Child Support Enforcement State Parent Locator Service (SPLS) as an email attachment. ([csespls@nd.gov](mailto:csespls@nd.gov))

State Parent Locator Services receives the request and processes it. A request that includes sufficient information is submitted to FPLS. Federal law prohibits the disclosure of FPLS information on an individual for whom a IV-D program has placed a Family Violence Indicator (FVI). A FVI is placed on an individual when there is reason to believe that release of information may result in physical or emotional harm. Therefore, although uncommon, it may be that FPLS information will not be available due to the FVI.)

FPLS uses a variety of powerful sources, many of which produce information that would otherwise be confidential. Federal law and regulations prescribe what information FPLS provides in response to a request. SPLS will usually receive FPLS responses one to two weeks after submittal. However, this varies depending on the source of the information.

The SPLS worker sends the FPLS responses back to the CFS-FSS via email. Upon receiving the FPLS responses, the CFS-FSS provides the response to the agency worker by forwarding the email.

#### Diligent Efforts to Locate, Contact, and Inform

For cases that are court involved or open for a longer period of time due to ongoing safety concerns, or for cases in which custodial parents are not successfully addressing the concerns during an in-home safety plan, the agency case worker must make diligent efforts to contact and inform noncustodial or absent parents about the status of the child and work to engage them in meeting the needs of the child. Diligent efforts include the identification, consideration, and determination of

noncustodial or absent parents as potential resource or placement options for the child in the event an out-of-home safety plan becomes necessary. It is expected the case worker will make both continuous and diligent efforts to locate and engage the noncustodial or absent parent in the case planning process when:

1. The child is in out-of-home care;
2. The child is at high risk of entering foster care (i.e. safety issues exist that cannot be mitigated in the short term, or the custodial/present parent is not compliant with safety services or the safety plan);
3. The noncustodial/absent parent has ongoing contact with the child; or
4. The noncustodial/absent parent was notified and made aware of child welfare agency involvement and has a desire to be involved as a resource for the child.

In situations where a custodial/present parent refuses to allow the case worker to contact a noncustodial/absent parent, the agency is expected to include the noncustodial/absent parent only if:

1. The court orders the noncustodial/absent parent to be involved;
2. The child is at high risk for out-of-home placement; or
3. The child has ongoing contact with the noncustodial/absent parent that necessitates an assessment of that parent.

If the custodial parent expresses a history of abuse, neglect, domestic violence, substance abuse, etc., by the noncustodial or absent parent, this should be taken into consideration and assessed accordingly. If it is not in the child's best interest to involve the noncustodial/absent parent in case planning due to ongoing safety threats that could emotionally or physically re-traumatize the child that cannot be mitigated by the agency or other interventions, the case must be staffed and approved by the agency supervisor. The determination not to involve a parent in these situations must be clearly documented in the case file. In addition, if a parent indicates that he or she does not want to be involved in the child's life, the case worker must document this information in the case file.

#### Documentation of Diligent Efforts to Locate

The case worker will document ongoing diligent efforts to contact noncustodial or absent parents in the case activity log of the Child Welfare Information System. If it is not in the child's best interest to involve the noncustodial/absent parent in case planning, documentation must be included in the case activity log including the specific reason(s) why it would not be in the child's best interest. Additional documentation of such recommendations from the child's therapist should be obtained and included in the case record. If a No Contact Order, Protection Order, or Restraining Order is in place a copy of this order will be obtained and kept in the agency case record by the case worker.

### **Relative Search and Engagement 615-815**

The agency, upon opening a case with an in-home or out-of-home safety plan, is responsible to identify, locate and engage relatives. Relative search shall include both maternal and paternal adult relatives of the child; legal noncustodial or absent

parents, adult grandparents; guardians or custodians of the child's siblings; and any other extended relatives identified by the child or the child's parents.

The requirement to conduct a relative search is based on federal Social Security Act requirements and enhanced as part of the [H.R.6893 Fostering Connections to Success and Increasing Adoptions Act of 2008](#). For out-of-home safety planning, child welfare agencies must consider adult relatives as placement options when and if a child is removed from parental custody, as long as the relatives meet safety standards. Although federal law applies specifically to children in foster care, this policy extends those requirements to all child protection and case management programs. Relatives play an important role in supporting safety plans, stabilizing placements, helping with reunification, and maintaining family connections.

The agency must:

1. Discuss with the family a list of identified relatives who may be able to assist in the support or care of the children. This shall occur at times of agency involvement or within 96 hours of removal.
2. Notify relatives of the need to locate a temporary placement to care for the child if an out-of-home plan is warranted. If a relative is willing and available, consider placement without delay.
3. Inform the court that the agency has made reasonable efforts to prevent placement by securing relative care.

In addition to notification, case workers are responsible to actively engage relatives by building relationships, fostering family connections, and partnering to ensure necessary support is in place for the family. This can be done through phone calls, home visits, or inviting family members to Child and Family Team Meetings (CFTM) with parental consent or agreement.

For cases where the Indian Child Welfare Act (ICWA) applies, ICWA sets a higher legal standard when looking at relative engagement and placement preferences. When ICWA applies, agencies are responsible to engage in active efforts to prevent removal of the child from the child's family or reunite the child with his or her family. This includes early and thorough identification of relatives, collaboration with the Tribe, supporting relatives to become licensed, while prioritizing placement within the family or identified Tribal Nation and offering culturally supportive services whenever possible.

#### SENECA Search Request

The case worker must research and collect pertinent information regarding the family to enable a comprehensive relative search. The agency's search for relatives can be conducted through discussion with the parent/caregiver, child, collaterals, and the use of approved search options, such as SENECA.

#### Search Information required:

1. Child: Name (including middle name if known), any known aliases, date of birth, social security number, address or last known address.
2. Father: Name (including middle name if known), any known aliases, date of birth, social security number, occupation, last known address.
3. Mother: Name (including middle & maiden name, if known), any known aliases, date of birth, social security number, occupation, last known address.

The case worker may use the search format to add any additional information that may assist in locating maternal and paternal relatives. The case worker must enter the information into the SENECA site at:

<https://online.senecacenter.org//www/public/familyfinding/requestform.aspx>

Upon receipt of the SENECA search information, the case worker is responsible to:

1. Review results with parents,
2. Contact all identified relatives,
3. Document findings in the child welfare information system under "relative search" including details that specify why a relative was ruled out in the comments box or case activity log.
4. If the search does not offer immediate results, the agency is responsible to continue to gather and seek information ongoing or at least every 3 months even if the relative declines to care for the child at the time of removal. Relative engagement is an ongoing process throughout the life of a case. The exploration of relatives' willingness to be a placement resource initially and ongoing promotes efforts to maintain connections.

#### Notifying Relatives

Agencies must notify relatives within thirty (30) calendar days of the child's removal or implementation of an out-of-home safety plan with the agency, or immediate notification to the Tribe if ICWA applies. The agency must exercise due diligence to identify and notify all adult relatives by phone or letter. The agency may use a notification letter template. The agency must also include with their notification letter, the Relative Connection Resource which will provide relatives with options for engagement with the family either through placement, connection, or safety support.

#### Objection to Relative Search

When a child's parent object to the search for relatives, case workers must document the details of the concerns, evaluate and consider:

1. The child's preferences about relatives and the reasons for those preferences;
2. The parent's preferences about relatives and the reasons for those preferences;
3. The child's current relationships with relatives and impact of such placement versus placement with an unknown foster care provider;
4. Whether there are other relatives who may be contacted;
5. Whether any relatives have offered to care for the child;
6. Whether placement with relatives would interfere with the parents' ability to follow a case plan goals and tasks; or

7. If ICWA applies, the Tribe's position on contacting identified relatives.

If parents object to relative search or engagement and the agency determines that such efforts may be necessary to protect the child's welfare or achieve permanency, case workers shall consult with supervision and the agency's assigned attorney. The agency shall inform the court of the parent's objection and the agency's position as required by law or court order. The court may determine whether limiting or proceeding with relative engagement is in the child's best interest.

Costs associated with relative search conducted by SENECA are paid for by North Dakota Health and Human Services, Children & Family Services Section.

### **Case Worker Visits with Child, Parents and Caregivers 615-820**

Establishing a relationship with the family is fundamental to developing a better understanding of the dynamics of the family that led to agency intervention and engaging the family in a change process. Accomplishing this necessitates frequent and quality contact by the case worker to collaborate with the family in working toward reducing or eliminating impending danger and reaching permanence as soon as safely possible.

Face-to-face contacts with the parent/caregiver and child focus on the safety, permanency, and wellbeing needs of the child and must be sufficient to address the requirements of safety planning and goals of the case plan. Effective use of face-to-face contacts move the family forward in achieving a safe, permanent, and stable home. Progress and change related to enhancing parent/caregiver protective capacities are the essential concern along with achieving timely permanency for the child.

#### **Case Worker Visits with the Child**

Visits with children must occur with sufficient frequency and quality to fully address safety, permanency, and wellbeing needs and to support progress on case goals. The frequency and length of visits depend on the child's circumstances, identified impending danger threats and available support. The duration of the visits should be sufficient to allow key issues to be addressed with the children in an environment conducive to open communication.

#### Visit Requirements

1. Children on an in-home or out-of-home safety plan without custody must have at least two (2) face-to-face visits per month.
2. Children in agency custody must have at least one (1) face-to-face visit per month, with the majority of visits occurring where the child resides (relative home, foster home, facility, hospital, or trial home visit).
3. Children placed out of state must also receive at least one (1) face-to-face visit per month, with the custodial agency determining how those visits will occur.

4. Virtual communication does not meet federal face-to-face requirements unless the child is 18 years of age or older and consents to virtual visits.
5. When age-appropriate, part of each visit must include time with the child alone. If a child objects or a parent/caregiver refuses to allow for independent visitation time with the child, the worker must still ensure safety is assessed in a manner respectful to the family.

### Who May Complete Visits

1. The child's assigned case worker is required to complete face-to-face visits, but on occasion agencies will authorize a courtesy worker to conduct visits as needed. The courtesy worker must have a clear understanding of the dynamics of the case, safety concerns, and the safety plan, and must be able to implement or revise safety actions when necessary.
2. When the primary worker or courtesy worker cannot complete the required visit, a contracted visitation worker may be utilized. The contracted worker must also have a clear understanding of the case dynamics, safety concerns, and the safety plan, and must be able to implement or revise safety actions when necessary.

During case management, face-to-face contact is important as a means to continuously assess safety and achieve permanency for children. To achieve this, it may be necessary to occasionally conduct unannounced face-to-face visits or, when appropriate, visit the children in another community setting (e.g.: daycare, school, counseling appointment). In these instances, face-to-face contact should occur in a manner consistent with the purpose of the visit and is respectful of the child and parents/caregivers involved in the contact.

Transparency is fundamental to mutual respect and family engagement, particularly when unscheduled face-to-face contact with the child is used. Discussions regarding the variations of face-to-face contact with the child must be done at the onset of the case to be forthcoming with the family about the process.

### Assessing Permanency and Wellbeing During Visits with the Child

In most cases, the child will remain in the home with parents/caregivers so maintaining permanency for the child is the objective of case management. The following questions around permanency should be considered and assessed during case worker visits with the child:

1. Does the child know the goals of the case plan?
2. Can the child describe the goals and how to accomplish them?
3. Does the child have contact via phone, video calls, email, letters, visits, etc. with family members and other important people?
4. For very young children, does the child understand (at his/her developmental level) why the agency is involved with the family?

Examples of questions that could be covered during visits with the child related to his/her wellbeing include, but are not limited to:

1. Is the child receiving adequate nutrition, sleep, space, privacy, therapy, recreational time, and educational services/activities?
2. Has there been illness or injury since the last contact?
3. Has there been a change in emotional state since last contact?
4. Have there been any changes in medications since last contact?
5. For very young children:
  - a. How does the child relate to parents/caregivers?
  - b. Is there a viably strong attachment evident?
  - c. What is the emotional status of the child, including mannerisms, signs of fear, and developmental when engaging with the parent/caregiver?

### **Case Worker Visits with the Parents/Caregivers**

Case workers must meet with parents/caregivers frequently enough to support safety, progress, and achievement of case plan goals. While monthly contact is the minimum expectation, many cases require more frequent visits based on safety plans, needs and available supports.

If in-person visits are not possible, phone or virtual contact may occur, but face-to-face communication remains the preferred and required method whenever feasible. Each visit must have a clear purpose tied to case outcomes, case closure criteria, and identified behavior changes. Parents/caregivers should be involved in planning the purpose and scheduling of visits to support engagement. During these visits, case workers assess changes in protective capacities, the status of impending danger, the adequacy of the safety plan, and progress on case plan goals. The duration of the visits should be sufficient to allow key issues to be addressed with the parent/caregiver in an environment conducive to open communication where the parent/caregiver feels comfortable.

### Documentation of Case Worker visits with the Parent/Caregiver

Documentation of face-to-face contact must be in the case activity log of the Child Welfare Information System and should reflect the case worker's actions in working with the parents/caregivers to achieve timely permanence, safety, and stability for the child. The case worker must document both completed and attempted face-to-face contacts with parents/caregivers. The case activity log must include, at a minimum, the following information:

- Date, time, and duration of the visit;
- Participants involved;
- Location of the visit;
- Type of contact; and
- Purpose and summary of the results of the visit.
- At least one case activity log entry per month must include:
  - The status of impending danger;
  - The sufficiency, feasibility, and sustainability of the safety plan and any needed revisions;
  - An evaluation of impending danger;
  - A review of safety service actions and timeframes;

- A discussion of issues requiring resolution or clarification with safety service providers;
- The commitment of providers to remain involved in the plan;
- Whether safety supports understand and agree with their role in the safety plan;
- The progress towards meeting goals of the case plan, including information about whether family members understand their role in the change process;
- The parent's/caregiver's engagement and involvement in the change process; and
- Any enhancement in protective capacities that would mitigate identified threats.

If monthly visits with parents/caregivers cannot be completed, the case worker must document attempts made and reasons for limited contact. Because the case worker is the key source for gathering safety information, documentation should clearly reflect observations, actions, and decisions that support child safety and permanency.

### **Case Worker Visits with the Kinship Caregiver or Licensed Provider**

When a child is placed in an out-of-home safety plan, regardless of custody status, case workers must remain in regular contact with kinship caregivers or licensed provider to support the safety, permanency, and well-being of the child and the stability of the placement. Monthly contact is the minimum expectation, more frequent visits may be needed when there are safety concerns, placement changes or additional needs of the child or kinship caregiver or foster care provider.

Face-to-face visits with the kinship caregiver or foster care provider are required and should be completed in the home whenever possible. During visits, case workers will:

1. Evaluate the compatibility of the child with the kinship caregiver or licensed provider and other household members;
2. Evaluate the ability of the kinship caregiver or foster care provider to meet the child's needs in a safe manner;
3. Evaluate whether the child is regularly able to engage in age or developmentally appropriate activities;
4. Assess the needs, strengths, and challenges of the child;
5. Assess the needs, strengths and challenges of the kinship caregiver or foster care provider; and
6. Discuss any additional supports or services needed by the kinship caregiver or foster care provider to safely maintain the child in the home.

Case workers will also review progress toward the case plan and permanency goals and help connect kinship caregivers or licensed providers with needed services or supports.

All visits must be documented in the child welfare information system. Case workers should consult with their supervisors when visit frequency needs to be adjusted or when safety or placement concerns are identified.

**Case Worker Safety During Visits**

Safety is a priority when scheduling and conducting face-to-face visits. Case workers must be familiar with family circumstances and the neighborhood and plan accordingly to ensure their own safety and the safety of the family they are scheduled to visit. Case workers should maintain their work calendar and inform supervisors of their scheduled visits. Case workers should remain observant, plan safe entry and exit routes, trust their judgment, follow their instincts and maintain reliable transportation and a working cell phone.

Supervisors must support case workers by reviewing case files for safety risks, assisting with decisions about visitation locations and accompaniment, and ensuring awareness of visit schedules and locations. Safety risks must be reviewed and updated throughout the duration of the case.

**Child and Family Team 615-825**

A Child and Family Team is an essential collaborative group of individuals including the parents or caregivers and the child, when appropriate. Regardless of the type of safety plan, the goal of the team is to work collaboratively with the family to identify needs, develop and carry out the case plan.

Child and Family Team Meetings (CFTM) are designed to be strength-based, trauma-informed, culturally responsive, and family driven. CFTM's are mandatory for all cases open with case management and are required to ensure that children who are engaged with the agency have regularly scheduled team meetings to assess and address case progress. [NDAC 75-03-14-05](#)

**Child and Family Team Membership 615-825.1**

At the start of case management and during the Protective Capacity Family Assessment (PCFA) process, the case worker assists the family in identifying team members who are supportive and aligned with the case plan. The child should participate as a member of the team unless it is not in their best interest due to the child's age or developmental level. In these cases, the case worker will meet with the child outside the CFTM to ensure the child is aware of and has input into the ongoing progress assessment inclusive of the case plan and permanency goal.

Initially, the team may only include the parents, immediate family members and the agency case worker and/or supervisor. Any case that involves an out-of-home safety plan, with or without custody, is required to include the Children and Family Services Field Service Specialist (CFS-FSS) in the CFTM at minimum of every six months. The CFS-FSS will serve as administrative oversight for case movement and progress. Participation of the CFS-FSS fulfills the federal review requirements for an administrative review. The CFS-FSS is responsible for providing interpretation of ND child welfare law, rule and policy as well as support the team in the application of Safety Framework Practice Model. Final decisions regarding the case do rest with the

custodial agency holding legal authority and responsibility of the child in foster care under [NDCC 27-20.2](#).

As the team is further developed, other members are invited including informal supports such as extended family members or friends and formal supports such as the guardian ad litem, foster care provider or caregiver, parent aide, childcare provider, teacher or other school representative, addiction counselor, therapist, probation officer, Chafee Transition Coordinator, Nexus PATH treatment foster care worker, AASK adoption worker, Qualified Residential Treatment Program case worker, developmental disability case worker, etc. Team membership may change over time depending on family and child's needs as well as services provided per the case plan.

There may be times when parents or caregivers refuse to allow identified key individuals to join as members of the CFTM. In these situations, the case worker will determine why the family does not want the individual on the team and negotiate regarding their participation. This may require the agency to hold a separate meeting or come to a time-limited agreement for the individual to join the meeting for only a select portion. In the event the child has a court-appointed guardian ad litem, their attendance at a CFTM is required and not negotiable.

## **Child and Family Team Meetings 615-825.2**

The agency case worker assigned to the family is responsible to organize and facilitate each Child and Family Team Meeting (CFTM). Once team membership is determined, the case worker contacts the members, explains the purpose of the meeting, expectations, process and schedules the initial CFTM.

### Initial CFTM

The initial CFTM is held after the Protective Capacities Family Assessment (PCFA) process and initial case planning has been completed with the family. This should occur within 45 days of Warm Handoff 2, case transition staffing. The purpose of the initial team meeting is to engage with family in case planning by:

1. Identifying the roles and responsibilities of the team members who will be involved in case planning.
2. Discussing information contained in the CPS assessment, sharing the reason for agency involvement (present or impending dangers) and informing the team of the current safety plan and justification of the safety determination analysis.
3. Reviewing the family's strengths, underlying needs, and case plan goal(s).
4. Reviewing the plan for meeting the family's underlying needs to include services provided and any barriers to progress.
5. Reviewing and obtaining information as it relates to child functioning since agency involvement occurred.
6. Discussing the family interaction plan and whether the interactions and visitation can be moved to a less restrictive setting.
7. If a child is under public custody, establishing appropriate timeframes for the achievement of permanency.

### Ongoing Child and Family Team Meeting

The CFTM's must occur quarterly, at least every 90 calendar days. The purpose of ongoing Child and Family Team Meetings is to increase collaboration and engagement of the family and team-around decisions about a child's safety, permanency and wellbeing.

CFTM's are a tool to increase participation in and commitment to the activities, services and supports to ensure case movement. This will be achieved by:

1. Reviewing the status of impending danger and clearly communicating why the agency is still involved.
2. Discussing current safety plan and addressing barriers to move toward lower level of intrusion. Identify family members, safety service providers or community supports that may help keep the child safe.
3. Reviewing care plan goals and evaluating progress made by the family. Collaborate with the family to break down barriers that may be impacting progress and identify support needed for the family to be successful.
4. Provide an update to the child and family team on the child's functioning and overall wellbeing.
5. If the child is under public custody, review the permanency goal and discuss whether a concurrent goal should be considered.

### **Case Planning 615-830**

Case planning incorporates permanency planning as an essential and interconnected component to case management, both aimed at ensuring the safety, stability, and wellbeing of children. Case planning focuses on addressing the parent/caregiver parental capacities and behavioral changes related to the identified impending danger. A case plan also identifies immediate needs and outlines services and actions required for the child and family, such as health care, education, family interaction plans and parental services. Case plans are intended to be short-term, detailed, and regularly updated to respond to changing circumstances. While permanency planning in custody cases establishes more long-term goals for the child in foster care to have a stable long-term living arrangement.

North Dakota utilizes the Safety Framework Practice Model guidelines where case workers are required to create a case plan including identified goals, developed with the family. Case plans are viewed in three parts;

**A. Goals:** Developed by the custodial agency and family when considering what an enhanced diminished parent/caregiver protective capacity would look like once change has occurred. In addition, any unmet child needs can be consolidated into a goal in the case plan. Goals should be documented using common language used by the family.

**B. Tasks:** Identified tasks or change strategies assigned to each goal are documented in Tool 6. Once case plan goals have been determined, the child

and family team discuss approaches or services (tasks/change strategies) that are most likely to achieve the case plan goals. Identified services and specified roles and responsibilities of providers, family members, and the case worker are put into place to assist the family in achieving the identified goals.

**C. Federal Foster Care Case Plan Requirements:** [Social Security Act §475](#), specifies what must be addressed on behalf of the child throughout the life of the foster care case, documented in the child's foster care case file. The planning requirements must be a discrete part of the case file and meet various terms related to the child's safety, wellbeing, permanency, health, and education.

## **Protective Capacities Family Assessment (PCFA) and Case Plan 615-830.1**

The assessment of parent and caregiver protective capacities is required under the Adoption and Safe Families Act (ASFA) to ensure that safety concerns are fully integrated into case plans and that children achieve safe, stable homes. The Protective Capacities Family Assessment (PCFA) and the case planning process build on information gathered during the CPS assessment and serve as the foundation for addressing diminished protective capacities and identified safety threats.

The PCFA begins shortly after a case transfers from CPS to case management and is intended to be a seamless continuation of the CPS assessment. It uses existing information about maltreatment, impending danger, and protective capacities to guide meaningful conversations with parents and caregivers. By the time a case reaches case management, substantial information has been collected about family functioning, allowing the PCFA to focus intervention on what specifically must change to enhance safety and strengthen protective capacities.

The PCFA and case planning process are completed in partnership with the child and family team. This collaborative approach empowers parents and caregivers to protect and care for their children, promotes shared understanding of safety threats, and supports creation of individualized change strategies. Family engagement is essential, as sustainable change occurs only when parents understand, accept, and participate in addressing their own needs and the conditions affecting child safety.

The PCFA is organized into four stages: Preparation, Introduction, Discovery, and Change Strategy and Case Planning. These stages guide the case worker through structured, strength-based conversations that promote self-awareness, problem identification, solution thinking, and planning. While these stages outline key content areas and facilitation objectives, the approach is flexible and allows discussions to flow naturally based on the family's circumstances. Most assessments require face-to-face contact during at least three stages, though the number of interviews may vary by family need.

The PCFA and case plan must be developed with the child and family within forty-five (45) calendar days of the case opening for case management.

### Case Plan

The information gathered through the PCFA directly informs the case plan. The case plan must identify clear goals that address and strengthen parent/caregiver protective capacities, support the child's wellbeing across social-emotional, educational, physical, and mental/behavioral health domains as applicable, and promote stability and permanency. The PCFA ensures that case planning is individualized, rooted in safety needs, and geared toward achieving lasting change for safe case closure.

Case plan goals must focus on enhancing parent/caregiver protective capacities to eliminate impending danger so the parents/caregivers can adequately manage child safety without intervention. The case plan organizes case activity through identifying goals and change strategies/tasks.

The case worker is responsible for overseeing the implementation of the case plan and working with the child and family team, including the parents/caregivers and child, to facilitate change. Managing the Case Plan and change strategies involves ensuring the case plan goals and tasks are targeted at enhancing diminished parent/caregiver protective capacities and achieving stability. The purpose of the Case Plan is to identify steps toward establishing a safe environment for the child.

The initial case plan must be developed with the child and family prior to the initial child and family team meeting and within forty-five (45) calendar days of the case opening for case management. Subsequent revisions to the case plan must be completed within the PCPA in discussion with the child and family team during the ongoing child and family team meetings. The case plan must include:

1. **Goals:** Identified goals, developed with the family, which are specific, behavioral, and measurable. Case plan goals are developed by considering what exactly an enhanced diminished parent/caregiver protective capacity would look like once change has occurred. Case plan goals, or enhanced parent/caregiver protective capacities, are specifically described using the family's terminology and are benchmarks for evaluating change.
2. **Tasks/Change Strategies:** The next step in case plan development involves identifying the methodology for change. These are the case plan tasks/change strategies assigned to each goal. So, once case plan goals have been determined (i.e. enhanced parent/caregiver protective capacities), the parents and the worker discusses approaches or services (i.e. tasks/change strategies) that are most likely to achieve the case plan goals. Identified services and specified roles and responsibilities of providers, family members, and the case worker are put into place to assist the family in achieving the identified goals.

Consideration of the following questions can aid in developing case plans that are successful and focus on changing conditions that make child(ren) unsafe:

1. How can existing enhanced parent/caregiver protective capacities be used to help facilitate change?
2. What tasks/change strategies will most likely enhance protective capacities and decrease impending danger?
3. How ready, willing, and able are parents/caregivers to address impending danger and diminished protective capacities, and are there any case management implications?

### Reaching Consensus on the Case Plan

If agreement or consensus cannot be reached with the family at the conclusion of the case planning process, the case worker develops case plan goals and services, which have the most impact on enhancing parent/caregiver protective capacities. The supervisor, field service specialist, or other team members should be consulted to assist or offer advice about developing goals.

The case worker then informs parents/caregivers of the case plan decisions made as well as of the agency's continuing responsibility for child safety. Additionally, the case worker will need to inform the parents/caregivers of the alternatives or outcomes of not cooperating with the plan.

If a previously uninvolved parent/caregiver becomes engaged following the completion of the case plan, consideration should be given to engaging the parent in the PCFA process and to revising the case plan to accurately reflect that parent's/caregiver's perceptions and feedback.

### **Protective Capacities Progress Assessment 615-830.2**

The Protective Capacities Progress Assessment (PCPA) is an ongoing comprehensive assessment process that utilizes specific criteria to evaluate progress toward case plan goals. The PCPA assesses two major areas to evaluate parent/caregiver progress toward enhancing protective capacities:

1. Specific indicators of change, and
2. Parent/caregiver readiness to change.

The PCPA consists of information collection that occurs during change-focused contacts and/or any meaningful contact with the family, child and family team, service providers, and safety service providers. The PCPA analyzes measurement of progress toward achievement of case plan goals and changes in behaviors and conditions. The case worker and supervisor should confirm objectives and strategies in consultation prior to each assessment in order to strategize how to best engage the family and effectively facilitate change.

The PCPA conversations should be change focused and consist of:

- Identifying what progress parents/caregivers have made toward enhancing protective capacities;
- Assessing the parent's/caregiver's motivational readiness by monitoring changes in behaviors and conditions;

- Reassessing the child wellbeing indicators to determine whether child needs have changed and/or require direct, ongoing, or formal services as part of the case plan; and
- Reviewing the safety determination analysis questions to review sufficiency of the treatment plan and whether more or less intrusive intervention is required to control the danger.

### Measuring and Evaluating Progress and Change

As part of monitoring an in-home or out-of-home safety plan the case worker must conduct a case progress evaluation in order to evaluate the effectiveness of the case plan and measure progress and change. The PCPA process may occur at any time based on the judgment that progress measurement, case plan revisions, or safety plan revisions are needed. The initial PCPA, at a minimum, is completed within ninety (90) calendar days from supervisor approval of the case plan and is conducted ongoing at a minimum of every ninety (90) calendar days until the PCPA process is no longer required due to case closure.

The goals in the case plan are used as the basis for evaluating progress and change in enhancing parent/caregiver protective capacities related to impending danger threats. During the PCPA process, case workers assess and determine the status of the motivational readiness of parents/caregivers to change and/or participate in change-oriented services. The primary role of case workers during safety intervention is to be facilitators of change. In order to be effective at facilitating change with parents/caregivers, case workers must recognize the stage of change that caregivers are in at the point that a PCPA process is being completed. When the PCPA process indicates that the goals and/or tasks/change strategies need to be modified due to changes in parent/caregiver capacities or threats to safety, the case worker, in collaboration with parents/caregivers, must revise the case plan or create a new case plan within the PCPA tool.

The case worker must also assess how the child is progressing in those areas identified in the case plan. It is critical to reassess the child on an ongoing basis through the PCPA process to determine if additional needs have surfaced and addressed.

### Case Worker Responsibilities

1. Within ten (10) calendar days following the child and family team meeting, document the evaluation of progress and any adjustments and/or revisions to the case plan within the PCPA to include:
  - a. Confirming and changes in child and family team participants,
  - b. Services being provided, and
  - c. Level of effort for services.
2. Because the PCPA is completed every 90 days as part of the child and family team meetings, update the child and family team meeting dates in the Child Welfare Information System.

3. Once the PCPA has been revised, ensure that all child and family team members are informed of the changes, obtain parent/caregiver signatures on the PCPA form and provide a copy of the updated PCPA to parents/caregivers and other parties as determined relevant and necessary.
4. Revisions of the PCPA that require court approval will be provided to the court at subsequent court hearings, as applicable.

### Supervisor Responsibilities

1. Review and approve the adjustments and/or revisions to the PCPA prior to distribution to the child and family team.
2. Ensure that all required follow-up contacts are completed by the case worker within the required timeframe and the parents/caregivers are provided copies of the updated PCPA.
3. Ensure the updated PCPA is approved by and/or filed with the court, as deemed necessary.

### **Federal Foster Care - Case Plan Requirements 615-830.3**

When a child is in public custody with the agency and engaged in the safety service of foster care, the custodial agency case worker is required by federal law to have a case plan, a written document and a discrete part of the child's case record. The initial case plan must be developed within 45 calendar days of child's entry into foster care, if the child is in custody for greater than 24 hours.

The federal foster care requirements indicate each child's case plan must have documentation including:

1. Detailed Reasonable or Active Efforts: A description of efforts and services offered and provided to prevent removal of the child from the home and to reunify the family.
2. Court Requirements: Copy of court hearings, affidavit details, documented efforts made by the agency to achieve the defined permanency goal for the family (reunification, guardianship, relative, adoption, etc.)
3. Least Restrictive Setting: Detailed plans designed to achieve a safe placement for the child in the least restrictive (most family-like) setting available and in close proximity to the home of the parent(s) when the case goal is reunification. Including details of how the placement is consistent with the best interests and special needs of the child.
4. Placement Location: A description of the type of foster care placement (relative, licensed foster home, residential facility) in which the child will be placed. Details stating why the placement is in the best interest of the child if placement is a substantial distance from the home of the parent(s), in a different state, or outside of the Tribal service area. If the child is placed out of the community, state, tribal service area the case worker must arrange to ensure monthly face-to-face visitation is completed with the child.
5. Reasonable and Prudent Parenting: A description documenting how the foster care provider follows the standard. Including if the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities.

6. Safe & Proper Care: Assurances for the child to receive safe and proper care; including services provided to the parents, child, and foster care providers in order to improve conditions in parents' home, facilitate return of child to their own safe home or the permanent placement of the child.
7. Appropriate Services: A detailed description of any child's unmet needs and how the agency is ensuring timely and adequate services are received.
8. Visitation schedule: A detailed description of the approved visitation schedule between the child and their parent(s), and their siblings to maintain family connections. The timeframes for these visits must be appropriate and meet the needs of the child and their family.
9. Educational Information
  - a. Names and addresses of child's school/s of attendance;
  - b. Child's current grade;
  - c. Child's school record;
  - d. A specific educational stability plan providing assurances and documentation indicating the custodial case worker reviewed the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time a foster care placement change is considered. School of origin decisions must reinforce the child's best interest. The child's school of origin may change depending on their foster care placement. If a child's placement changes, the school of origin is the school in which the child was enrolled at the time of the placement change. Example: The child was enrolled in District A when they entered foster care. The child was initially placed in District A, but later transitioned to grandma's house in District B; school of origin is District A.
  - e. The agency case worker must coordinate and communicate per federal regulations of Every Student Succeeds Act (ESSA) with the designated school district "foster care liaison", to ensure that the child remains in the school in which the child is enrolled at the time of foster care placement; or, if remaining in such school is not in the best interests of the child, the child welfare agency and educational setting must provide immediate and appropriate enrollment in a new school, with request to transfer all educational records for the child.
  - f. Each school age child in foster care must be enrolled or in the process of enrolling or be determined incapable of attending school on a full-time basis due to the medical or other conditions. If the child is incapable of attending school on a full-time basis, regularly updated information must be included in the child's case plan that supports this determination; and
  - g. Any other pertinent educational information appropriate and necessary for case planning.
10. Medical Information
  - a. Name and address of medical professionals;
  - b. A record of child's immunizations;
  - c. The child's known medical problems
  - d. The child's medication; and

- e. Any other pertinent medical information appropriate and necessary for case planning.
11. Age 14 Specific Case Plan Requirements:
- a. A child in foster care who has attained 14 years of age must be given the opportunity to participate in the development and any revisions of their individualized plan, which must include a written description of programs and services to help the child prepare for their transition to a successful adulthood. The case worker must assist the child in developing goals to meet their independent living needs.
  - b. Review and annually sign a copy of the ND Foster Youth Rights (DN 402).
  - c. Personal invitation of two additional members to join the Child & Family Team, chosen by the child, who are not foster care providers of, or a case worker for, the child.
  - d. Custodians may reject an individual selected by a child to be a member of the Child & Family Team at any time if there is good cause to believe that the individual would not act in the best interest of the child.
  - e. One individual selected by the child to be a member of the child's team may be designated to be the child's advisor and, as necessary, advocate, with respect to the application of the reasonable and prudent parent standard to the child.
12. Age 16 Requirements
- a. Minimum age 16 to determine a permanency goal of another planned permanent living arrangement (APPLA). If selected, the case must have:
    - i. Documentation of intensive, ongoing, and unsuccessful efforts made to return the child home or secure placement for the child with a fit and willing relative, a legal guardian, or an adoptive parent, including the utilization of search technology to find biological family members.
    - ii. Child must verify with the court they are age 16 or greater, they have the desired permanency outcome of APPLA, and they believe APPLA is the best permanency plan.
  - b. Age 16 and identified as "likely to age out of foster care"; will be considered a Chafee Transition Program "Priority 1" participant. Children age 16+ are required to be referred to the Chafee Transition Program (SFN 1613) for assistance to the case worker in assessing and addressing the needs for a child's transition to a successful adulthood.
13. Age 18 Child: A child in foster care who is nearing 18 years of age must have
- a. A developed individualized transition plan (SFN 494)
  - b. A documented review of a health care directive
14. Adoption as the Permanency Goal: If adoption is the plan, federal law (ASFA) requires the case plan details must also include:
- a. Documentation of steps the agency is taking to find an adoptive family, to place the child with an adoptive family, and action made to finalize the adoption.

- b. Documentation of specific recruitment efforts such as the use of relative search, as well as state, regional, and national adoption exchanges to identify a forever family for the child.
  - c. When applicable, detail of the compelling reasons that exist not to file a petition for termination of parental rights.
15. High Risk Complexities: When a child is at risk of self-harm or is known to harm others or pets, each child's case plan must include:
- a. Strategies for how the agency will manage behaviors or emotional needs which place the child in a high-risk category with complex behavioral health concerns.
  - b. Upon identification of such behaviors or emotional needs, a safety plan must be developed immediately for implementation. A safety plan must be developed and distributed to all appropriate parties, specifically including the foster care providers.

#### Child Welfare Information System Needs:

Every child in foster care, greater than 24 hours, is required to have their case opened in the Child Welfare Information System. Case workers must document pertinent information such as a description of services provided to prevent removal of the child from the home and to safely reunify the family, efforts engaged by the agency to ensure child safety and to maintain family connections. An approved case plan must be documented in the Child Welfare Information System in efforts to open/close the case in the system. Custodial case workers must open the case in the system as soon as possible, not to exceed 14 days of opening the case and the worker must close the case within 30 days of discharge.

### **Permanency Goals 615-835**

Case planning must incorporate clearly defined goals and activities to maintain children with their families or place them in the least restrictive, most appropriate out-of-home placement, while maintaining or establishing meaningful connections in the child's life. Agencies use a variety of strategies to achieve timely permanency when children are placed in foster care. It is important that custodial agencies seek a safe and stable placement as quickly as possible. In most circumstances, children can be reunited with their families, but permanency for some children includes identifying alternate long-term options.

Every child in foster care is required to have a permanency goal established. Goals are typically determined in conjunction with the development of a case plan, no greater than 45 calendar days from entry into foster care ([Social Security Act §475](#)). Selecting the appropriate permanency goal is critical, as the goal directly impacts case movement, the child's stability, emotional wellbeing, and family connections. Case workers must review the permanency goal regularly and at least once per quarter. The rationale utilized to select the goal should be documented in the Protective Capacity Progress Assessment (PCPA).

Permanency goals may include:

- Reunification
- Placement With Relative
- Adoption
- Guardianship
- Another Planned Permanent Living Arrangement (APPLA)

In North Dakota, the priority outcome is to achieve permanency or reunify the child to their parent as soon as it is safe to do so, no greater than 12 months from removal. If reunification is not possible, then reasonable or active efforts must be made to permanently place the child with a fit and willing relative, obtain a legal guardian, or seek an adoptive home, if the child is free for adoption.

### **Concurrent Planning 615-835.1**

Concurrent planning is a proactive approach to ensure children in foster care achieve timely permanency by simultaneously working toward reunification and another alternative goal at the same time. The Adoption and Safe Families Act of 1997 (P.L. 105-89) encourage child welfare agencies to engage in concurrent planning to assist in reducing the length of stay for a child in foster care when reunification is determined to be not possible. If the team decides that the identified permanency goal is not progressing, concurrent planning can be considered.

#### When to Implement a Concurrent Goal

Concurrent planning can occur while parents are still actively engaged in case planning. Case workers should consider concurrent planning when it becomes clear that a child may not safely return home to the parent/s or if the child has been out of the home for more than one (1) year. Federal recommendations highlight permanency goals are to be achieved within these timeframes:

- Reunification - 12 months
- Guardianship - 18 months
- Adoption - 24 months

Rationale for choosing the goals and achievement efforts made by the family and agency must be clearly documented by the agency in the Protective Capacity Progress Assessment (PCPA) and be reviewed at least quarterly.

#### How to Implement a Concurrent Goal

The case worker must clearly communicate to the parents that, in addition to reunification, another goal is being added to the plan at the same time in efforts to avoid extended time in foster care and ensure a stable living arrangement for the child. This conversation may begin with identifying relatives, fictive-kin or other individuals who would have strong connections with their child who may be willing to care for or be a network of support for the child until permanency is achieved.

## **Reunification 615-835.2**

Reunification is a goal which refers to the return of a child in foster care to the home of one or both parents.

### When to Select this Goal

The goal of return home and reunification with parents is generally the first choice for a permanent plan. Reunification maintains family connections, requires minimal legal procedures and is usually the least traumatic for all involved. The goal of reunification should be considered when the assessment or Strengths Discovery indicates the following:

1. The parent is able to provide safely and adequately for the child's wellbeing.
2. The parent will be able to provide for the child's wellbeing in a reasonable period of time.
3. The parent expresses desire and wants to have the child returned home.
4. The child wants to return home to the parent.
5. The parents are working towards improving safety in their home and enhancing their protective capacities to minimize danger threats.

### How to Implement this Goal

Reunification of a child to the home of the parent/s, requires two steps:

1. The development of a clear plan which includes the roles of the parent, child, natural support (neighbors, minister, relative, etc.), kinship caregiver, foster care provider, and agencies as described in the single plan of care.
  - a. Future specific tasks the parent and the child, where appropriate, must complete in order to provide adequately for the child's permanence, safety, and wellbeing.
  - b. A family interaction plan designed to strengthen the parent-child bond.
  - c. Target date for return home.
  - d. Follow-up plan/safety plan for family support after the child is returned home.
2. Clarification of the legal status of child and family.

### When Not to Select this Goal

The goal of reunification would not be appropriate under the following circumstances:

1. The parent does not want to have the child returned.
2. The child strongly objects with good cause to returning home.
3. The parent cannot or will not provide adequately for the child's safety and wellbeing.
4. The parent will not be able to provide adequately for the child's safety and wellbeing within a reasonable period of time.
5. The parents refuse to participate in the case plan, services or treatment to enhance their parental capacities to minimize danger threats in the home.

### Responsibilities of the Custodial Agency

When the goal of reunification is identified, the agency is responsible to:

1. Facilitate meeting with the family to engage in the PCFA process building a trusting and working relationship with the family.
2. Review the purpose of the Child and Family Team meeting with the family and invited team members.
3. Coordinate an initial Child and Family Team Meeting within 45 calendar days. Ensure parents understand their required participation and importance of their role for team meetings.
4. Review the safety determination analysis to ensure the correct level of intrusion. If the level of intrusion can be lowered, an in-home safety plan must be implemented.
5. Assess the level of intrusion for a family interaction plan ensuring meaningful and quality parent child interactions. Supervised visitation must be justified.
6. Complete a relative search and facilitate important family connections for the child.
7. Follow PCFA and Case Planning Process

### **Fit and Willing Relatives 615-835.3**

The goal of permanency with a relative is encouraged by federal standards noted in the Social Security Act, which require public agencies to consider relatives of the child as a placement preference, provided that the relative caregiver meets safety standards. Efforts should be made to ensure this option is in the best interest of the case plan and that other more permanent options, such as guardianship or adoption, have been thoroughly explored.

#### When to Select the Goal

The goal of permanency with a relative is one of the least restrictive options. Placement with relatives should be selected under these circumstances:

1. The goal of returning home timely has been ruled out.
2. The relative is willing and able to provide care and support the child's basic needs, safety and wellbeing.
3. The child wants to be placed with the identified relative and maintain there.

#### When Not to Select this Goal

The goal of placement with relatives may not be appropriate under the following circumstances:

1. Relatives are not willing to care for the child long term.
2. The parents strongly object to placement with relatives.
3. The relatives cannot provide safely and adequately for the child's needs or provide protection.
4. The relatives are not aligned with the agency and do not agree with the safety plan.

#### How to Implement this Goal

When the goal of placement with relative is identified, the agency must provide an ongoing assessment of the child's safety and permanency. The agency is responsible

for ensuring the family has basic support in place to care for the child. Relative or kinship caregivers are encouraged but not required to become licensed foster care providers.

#### Additional responsibilities of the Custodial Agency

When the child is under public custody and placed with a relative, the agency case worker must educate the kinship caregiver on options such as:

1. Licensed family foster care relative provider
2. Unlicensed Caregiver
  - a. Kinship ND reimbursement (if unlicensed)
  - b. TANF-Kinship Child Only reimbursement (1/5-degree blood relation)
3. If permanent placement is achieved with the relative and the case is pending closure, the case worker must ensure clarity of legal authority concerning the child (power of attorney, guardianship, etc.). The relatives must be educated on their legal authority before the public custody order is vacated.

### **Adoption 615-835.4**

The goal of adoption refers to the legal rights and responsibilities of a parent to a child being terminated by the agency and later assumed by an identified individual who becomes the child's legal parent. The termination of parental rights is a permanent separation of the child to his/her family. Reasonable efforts must be made to reunify the family before moving to adoption. The permanency goal of adoption is allowable before the Termination of Parental Rights (TPR) is granted. However, rationale as to why the permanency goal of adoption was made before a TPR should be clearly documented in the case file.

Moving toward termination of parental rights or adding a goal of adoption will require extensive consultation with supervision to determine if all other permanency options have been ruled out, whether the time is right, and if it is in the child's best interest to pursue an adoption goal.

#### When to Select the Goal

The goal of adoption should be considered under the following circumstances:

1. All other permanency goals have been ruled out.
2. The parents, through words or action, have shown an inability or unwillingness to care for the child and will not be able to provide for the child's safety and wellbeing within a reasonable period of time.
3. The parents want the child to be adopted.

#### When Not to Select This Goal

There are reasons why the goal of adoption may not be in the best interest of the child, including:

1. Parents are engaging and making progress in case planning goals but need more time (within reason) to achieve the goal of reunification.

2. The child's identified relative is willing to obtain their own legal standing with the child and parents. They are willing to provide adequately for their safety and wellbeing without agency involvement.
3. There are compelling reasons not to file the termination of parental rights [NDCC 27-20.3-21](#) such as:
  - a. The child, aged ten or older, consistently and strongly objects to being adopted with expressed wishes not to be adopted.
  - b. A portion of the child's life was spent living in the household of their parent.
  - c. The availability of the adoptive home is suitable to meet the child's needs and/or the child has special needs.

### How to Implement this Goal

When adoption is identified as the permanency goal, an adoption plan must be developed through the Custodial Team. The Custodial Team differs from the Child and Family Team Meeting (CFTM) in that it is focused exclusively on adoption planning for the child, rather than family engagement to develop and implement the adoption plan. The Custodial Team meets to identify an adoptive family and/or initiate general or specialized recruitment after the termination of parental rights affidavit is submitted and prior to the TPR hearing.

### Custodial Team Required Participants:

1. Custodial agency
  - a. Director or supervisory designee; and
  - b. Case worker
2. Adult Adopting Special Kids (AASK)
  - a. Adoption Specialist; and
  - b. Permanency Manager when recruitment is necessary and only at the initial custodial team meeting.
3. CFS Field Service Specialist; and
4. If applicable, an authorized representative of the Tribe, which may include either the Tribal ICWA Coordinator or the assigned ICWA Family Preservationist.

When the goal of adoption has been identified, another extensive relative search must occur to ensure all potential biological, fictive kin, and other important connections to the child are ruled out as a permanency option. When at all possible, siblings must be adopted together if appropriate, safe, and in the child's best interest. If siblings are placed separately and there are plans to recruit together, every effort should be made to place siblings together to alleviate the transition into the adoptive home.

Kinship caregivers should be given sufficient support to make the lifelong decision to adopt the child. It is not appropriate to delay a child's adoption while waiting indefinitely for a placement resource's decision. Timelines for a decision should be established with the kinship caregiver in efforts to solidify a plan for the child.

Recruitment efforts would not be necessary if the child has an identified adoptive resource who has committed to adopting the child. When recruitment is identified as a need for a child, a Custodial Team is required, at least every 6 months, to ensure efforts are being put forth to identify a family for the child. This can be done in conjunction with a Child and Family Team Meeting if required participants are present and non-required participants can be excused.

### Responsibilities of the Custodial Agency

When the goal of adoption has been identified, the agency has the responsibility to:

1. Communicate the goal change with the parents and children prior to the Child and Family Team Meeting, when possible.
2. Complete [SFN 922](#), AASK referral, and provide all necessary documents to AASK for the child. AASK is unable to actively work on a child's case without all necessary documentation.
3. Invite AASK to the Child and Family Team Meeting (CFTM) when a goal of adoption (singular or concurrent) is added.
  - a. The AASK referral must be made to AASK no later than 7 calendar days after the CFTM where adoption was added as a goal, either a singular or concurrent goal.
4. Share required documentation with the Custodial Team a minimum of 7 calendar days prior to the scheduled Custodial Team meeting. If the documents are not prepared in time, any member may request the meeting be rescheduled to ensure all members are prepared.
  - a. Completed [SFN 306](#);
  - b. Any SFN 201, Relative Family Fact Finding forms, from interested biological families and potential adoptive families; and
  - c. Current PCPA

### When Preparing the Case for Termination of Parental Rights

When you have determined that you are ready to go to court, it is the responsibility of the custodian to prepare the parents to ensure an understanding of the process. This applies to voluntary as well as involuntary terminations. These responsibilities include but are not limited to:

1. Explain clearly to the parent the justification for moving forward with the termination of parental rights. The dangers that prevent reunification and lack of protective capacities should be discussed at the Child and Family Team Meeting as well as during all worker parent contacts.
2. Explain to parents the nature of the court proceedings which will occur and their right to counsel.
3. Explain to the child, in an age-appropriate manner, what is going to happen in the court proceedings.
4. Explain, when appropriate, to the foster care providers the process and what is going to happen in the court proceedings and the need to exhaust all relative placement options at this time.
5. Explain that foster care providers must be provided with timely written notice and the "right" to be heard in any proceeding held with respect to the child.

In preparation for submitting the TPR affidavit, review case record, case plan, notes, and all letters and correspondence concerning the child. For example, list in chronological order the following information about both parents:

1. Reason, date and plan for placement. Note court orders, etc. that document these items.
2. Visits between child and parent; including dates, who made the arrangements, where the visit occurred, how the child and parent behaved and any inconsistencies with visitation along. Agency should document the efforts put in place to remove barriers.
3. Gifts given to the child - include cards and letters. Note appropriateness, whether one child in a family was left out, dates gifts were given and who gave them.
4. Financial support for child - Who paid what and when, was their court order requiring payment.
5. Parental involvement in case planning. Document plans developed, assessment of protective capacities and parents' inability to keep child safe. Document efforts made to connect parent to outside service providers and supports.
6. Document parental conditions which necessitate termination of parental rights.
7. Review all documentation kept by the foster care providers throughout the course of the placement.
8. Periods of abandonment and agency attempts to locate missing parents.
9. Child's reaction and preference.
10. Parents' reaction to situations regarding their child while in placement.

#### When the Termination of Parental Rights is Granted

1. Prepare the child for adoption; including explaining reasons for termination of parental rights, development of a life history book, and counseling around loss of parents.
2. Collaborate with AASK and follow custodial team process in identifying a prospective adoptive family.
3. Gather recommendations from relevant known parties (e.g.: child's therapist, TFC worker, etc.) prior to the custodial team meeting.
4. Complete another relative search and document efforts of family engagement to foster important connections for the child. Document and provide reasoning as to why family was or was not appropriate for maintaining family connections or permanent placement.
5. When an identified adoption option is identified,
  - a. Coordinate a family interaction/visitation plan designed to build an adoptive parent-child relationship.
  - b. Identify a target date for adoptive placement.
  - c. Coordinate specific plans for follow-up services following placement.
6. Follow procedures necessary to finalize adoption.
7. Utilize and coordinate connection for the adoptive family to ND Post Adopt.

## **Guardianship 615-835.5**

The [H.R.867 - Adoption and Safe Families Act of 1997](#) recognizes guardianship as a permanency option for children for whom the child and family team have made the determination that guardianship is the most appropriate permanent placement. Legal guardianship means a judicially created relationship between child and caregiver. This is intended to be permanent and self-sustaining by transfer to the identified caregiver of the following parental rights with respect to the child: protection, education, care and control of the person, custody of the person, and decision making. This can be accomplished without termination of parental rights.

Families have the option to pursue guardianship of a child without funding support, however the ND Department of Health and Human Services does offer two guardianship assistance programs: the state funded guardianship assistance program and the federal IV-E guardianship assistance program.

### When to Select the Goal of Guardianship:

1. An identified family has maintained stable placement of the child.
2. Parents are making progress toward reunification, however due to length of time in care, it would be appropriate to provide relatives with legal authority of the child without agency involvement.
3. Parental rights cannot be terminated. The court may determine termination of parental rights is not appropriate.
4. The child is older and would not prefer to have adoption pursued.
5. ICWA applies and the Tribe is not in agreement of the termination of parental rights.

### When Not to Select This Goal

If the agency has identified a prospective adoption option, dependent on the age of the child, adoption would offer a more permanent and stable option for the child.

### How to Implement this Goal

The agency should assess the family's ability to care for the child long term and their role/ability in managing the impending danger threats without agency involvement. This is reflective of ND Child Welfare values of honoring family autonomy. Agencies should only impose control if the family cannot do it on their own. The agency can provide the family with resources to obtain guardianship if it cannot be obtained in juvenile district court. When the goal of Guardianship has been added, the agency must review financial support options and make a referral to ND Post Adopt, which assists guardianship families in addition to adoptive families.

## **Another Planned Permanent Living Arrangement (APPLA) 615-835.6**

Another Planned Permanent Living Arrangement (APPLA) is a permanency goal for children over the age of sixteen (16) permitting a child to age out of foster care and transition into adulthood with a stable living arrangement that is not the child's home of origin, adoption, guardianship, or kinship care. APPLA is intended to assist in

transition by connecting the child to caring adults, equipping the youth with life skills and, upon discharge, connecting the youth with any needed community and/or specialized services prior to discharge from foster care.

#### When to Select Goal of APPLA

APPLA is intended to be a last resort after other permanency options such as reunification, adoption, legal guardianship, or permanent placement with a fit and willing relative have been ruled out, and it is concluded that “another planned permanent living arrangement” is the most appropriate plan for the child, the agency must document to the court the compelling reason for the alternate plan. The agency case worker must document the compelling reason for the alternate plan to court.

Reasons may include any of the following:

1. A child, age 16 or greater, requests the custodial agency to allow them to “age out of care”.
2. The parent and child have a significant bond, but the parent is unable to care for the child because of an emotional or physical disability.
3. The Tribe has identified APPLA for the child.
4. Only after reunification, adoption, legal guardianship, and relative placement have been ruled out.
5. When a child has entered the 18+ program.

#### When Not to Select This Goal

Compelling reasons do not include the agency promoting benefits of the 18+ program. APPLA should only be considered when reunification, adoption, guardianship, and relative placement have been ruled out and determined not in the best interest of the child upon reaching the age of eighteen (18).

#### How to Implement this Goal

Although APPLA has been identified as a permanency goal for a child, the case plan should still focus on building relationships between the child, family and adults who are important to the child. The Safety Framework Practice Model still applies to children with a goal of APPLA. The agency should engage in parent/caregiver relationship building for the child. The expectation is that the agency will continue assessing impending danger and protective capacities throughout the life of the case. The parent/caregivers are still expected to engage in the PCFA/PCPA processes and work with the agency on goal development that assists in strengthening their family for when the child is discharged from foster care.

#### Responsibilities of the Custodial Agency

1. Coordinate quarterly Child and Family Team Meetings (CFTM) with the child in attendance as a required participant.
2. Follow the Safety Framework Practice model to the fidelity in which ongoing engagement with parents remains at the forefront of the custodians’ work to ensure family connections. Parents are still part of the CFTM and should be invited if appropriate and safe for the child.

3. Continue to complete relative searches at a minimum of quarterly to always be assessing placement with family and adult connection.
4. Coordinate and offer family interaction opportunities whenever possible.
5. Complete the Chafee independent living referral and notify the Chafee transition worker of the APPLA goal.

### **Re-establishment of Parental Rights 615-835.7**

The decision to terminate the legal rights of a parent is completed with extensive consultation between the Department and the Human Service Zone. Prior to the termination of parental rights taking place, all permanency options should have been ruled out. However, in some circumstances, the permanency of adoption or guardianship has not occurred and is unlikely to occur in the foreseeable future, leaving the child with no achievable and timely permanency goal. In these rare situations, the re-establishment of parental rights provides an opportunity to reinstate the biological parents' rights when the case meets select criteria or circumstances. This can be pursued when there has been substantial change in family conditions, and the parents have demonstrated behavioral changes in their ability to provide safely and adequately for the child's wellbeing.

#### When to select the goal

1. The biological parent is willing and has demonstrated an ability to provide and maintain child's health, safety, and overall wellbeing.
2. At least 12 months have passed since the final order of the original Termination of Parental Rights and there is no pending litigation or appeal.
3. The child has not been adopted and is not the subject of a written adoption plan/placement.

#### When not to select the goal

The petition for reinstatement of parental rights may not be considered when the parent whose rights were terminated had a finding of sexual abuse or convicted of intentional conduct that resulted in substantial bodily injury or death of a child.

#### How to implement this goal

A petition for the reinstatement of parental rights may be filed by any interested party from the original termination. This may include the agency's case worker and Human Service Zone states attorney, the biological parent or the child.

It would be expected for the Human Service Zone to re-engage the family through the Protective Capacity Family Assessment (PCFA) to assess diminished and enhanced parental capacities and if any impending danger is present/or if it can be controlled with additional supports that were not present at the time of the termination.

Once the PCFA is completed, the agency case worker shall continue to work and engage in case planning with the family. If the petition is filed, the court may order the necessary parties to create a transition plan to ensure the health, safety and

stability of the child. The Human Service Zone would be responsible for monitoring the trial home placement and would have the ability to remove the child if there are any abuse or neglect concerns. See [NDCC 27-20.6](#) with further guidance regarding the process.

## **Case Closure 615-850**

When the family has made significant progress in achieving the expected outcomes of the case; child safety is being sustained in the child's home, and/or the safety threats have been eliminated or mitigated; and the child's safety can be sustained without the ongoing intervention of safety providers. The case worker continues to be responsible for managing child safety until the case is closed.

### Safety at Case Closure

Prior to closing the case, the assigned case worker must:

1. Increase the frequency of contact with the family whenever possible;
2. Observe firsthand the changed behaviors, conditions or circumstances in the family and the changes in parent/caregiver protective capacities;
3. Review the progress the family has achieved as reported and documented in written reports by service providers;
4. Review the progress the family has achieved as reported by child and family team participants;
5. Interview the parents/caregivers to determine their understanding of ensuring child safety and their ability to sustain safety over time;
6. Interview and observe the child to determine whether the child remains safe in the home;
7. Confirm that the identified safety threats that occurred at the beginning of the case are no longer occurring or are consistently managed by the parents/caregivers;
8. Confirm that the parents/caregivers have developed a plan and identified resources to manage child safety over time (e.g. the family has a plan if there is a relapse in alcohol use, or the parent/caregiver becomes ill or loses a job);
9. Confirm that the parents/caregivers understand and accept responsibility to care for and keep the child safe over time.
10. The requirements to end an in-home safety plan are confirmation that the child is safe through:
  - a. Case worker observations of the child and the parents/caregivers in the home;
  - b. Receipt of evaluations and reports from service providers;
  - c. Reports from participants in the safety plan;
  - d. Measured progress on the extent the expected outcomes have been achieved;
  - e. The reduction or elimination of a safety threat; and
  - f. Consultation with others who may be participating with the family to sustain child safety.

### Warm Handoff to the Family

Prior to case closure, the agency must facilitate a process to engage family members, service providers, and informal supports in developing a plan for identifying and meeting child and family needs after agency involvement has ended. This process is called the "Warm Handoff to the Family". The PCPA is used for this facilitated process. The requirements of the Warm Handoff to the Family are:

1. Safety Reassessment  
The safety reassessment must include information concerning the absence or presence of impending danger threats.
2. Parent/Caregiver Protective Capacities Reassessment  
The reassessment of parent/caregiver protective capacities, which must be sufficient to protect against threats that continue to exist or might emerge. The caregiver must understand his/her role and act effectively in his/her protective capacity. The assessment of parent/caregiver protective capacities occurs through completion of the final PCPA.
3. Resource Network  
The in-home case worker must review the need for a "safety net" and establish one as appropriate. A safety net refers to arrangements, connections, and supports within the family network or community that can be created, facilitated, and reinforced to reassure the parent/caregiver and provide resources and assistance.

To assist a family in achieving sustainable change, and ultimately safe case closure, the case worker must have the ability to apply safety and permanency related concepts and criteria as part of the intervention responsibilities. This includes:

1. Ongoing Assessment - Continually reassessing impending danger; evaluating and confirming the sufficiency, feasibility, and sustainability of safety plans and when necessary, making immediate adjustments to assure that safety interventions are the most appropriate and least intrusive for the family.
2. Ongoing Engagement - Engaging parents/caregivers and the child in the assessment and planning process in order to:
  - a. Identify behavioral change strategies that address impending danger by enhancing parent/caregiver protective capacities.
  - b. Identify lasting and permanent connections for the child and family.
  - c. Evaluating progress related to the parent/caregiver establishing and maintaining a safe and permanent home for the child.

Planning for case closure begins at first contact with the family. The case worker must ensure that the transition to case closure is communicated to others involved with the case. Achieving a stable home and ensuring safe case closure is achieved by:

1. Preparing the child and family throughout the case process.
2. Assessing any current or ongoing needs.
3. Developing a process for the transition that is in the best interests of the child considering the child's emotional, behavioral, and psychological needs.

The case worker uses the following criteria to determine if a safe home exists and stability has been achieved:

1. Parents/caregivers have made sufficient progress in addressing case goals (enhanced protective capacities).
2. Formal or informal support is available and accessible to the family, as needed, after the case is closed with the agency.

Prior to case closure, the case worker must have face-to-face contact with family members and the child and family team to:

1. Support the family in determining how the family's needs will be met after agency involvement ends. This includes ensuring needed formal and informal supports are in place prior to case closure, including arrangements and connections within the family network or community that can be created, facilitated, or reinforced to provide the parent/caregiver resources and assistance once agency involvement ends.
2. Inform the family of the date that case management services will end.

#### Case Worker Responsibilities for Case Closure

1. Obtain supervisor's approval to close the case.
2. Convene a final Child and Family Team meeting as part of the warm handoff to the family.
3. Ensure all case notes are completed.
4. Ensure the record is updated and properly closed in the Child Welfare Information System.

#### Supervisor Responsibilities for Case Closure

1. Provide consultation to the case worker when needed on case closure.
2. Support the case worker in transitioning the case to closure.
3. Review and confirm the agency's ability to confidently close the safety plan.
4. Review and confirm the court has returned legal custody of the child to the parent/caregiver when the agency had been granted legal custody of the child.
5. Confirm completion of all notifications of change of custody.
6. Review and confirm completion of case documentation.
7. Review and approve closing the case.
8. Ensure the family has all required documentation including the safety plan, future appointments, contact numbers, etc.
9. Ensure the case has been closed in the Child Welfare Information System within 30 days of the date of case closure.

### **Discharge and Transition Planning 615-850.1 – *Coming soon!***

### **Unplanned Case Closure 615-850.2**

During the course of case management, there may be instances where case closure occurs unexpectedly, limiting the ability to complete a formal warm handoff process

with the family. In these situations, the case worker must consult with the supervisor to discuss any safety concerns and what further action must be taken. For in-home cases, this may involve a petition for court ordered services or out-of-home placement for the child to ensure they are safe. For custody cases where court intervention ends, it may include opening the family in an in-home safety plan to remain involved for a period of time to allow for proper transition.

Requirements when a family will no longer accept services:

1. Engage in and document reasonable or active efforts to provide services and assess child safety.
2. If the safety assessment indicates a child in the family is not safe, this must include efforts to request a petition to the court for court order services.
3. A letter to the family indicating the reason for unplanned closure and what actions the agency has taken or will take, as well as a list of resources available to the family.

Requirements when court ordered custody ends earlier than expected:

1. Confirm the official court order effective date and conditions.
2. Consider appropriateness and need to move from an out-of-home safety plan with custody to an in-home safety plan to allow for case management services to continue and for proper transition planning to occur.
3. Discuss the need to maintain in-home safety planning with the family and supervisor.
4. Inform kinship caregiver or foster care provider and service providers of the change and discuss if they are willing to be a respite support to the family.
5. Assess safety of the placement in which the child will reside.
6. Provide the family with a list of future appointments, available referrals, resources, and list of contacts. Including updates and shared medical, educational, and service-related information as permitted.
7. Attempt to schedule a warm handoff meeting to the family, when feasible.
8. Complete required case closure documentation, clearly noting why the case closed and what the agency has done to assess safety, identify any unmet needs, and recommendations for follow up supports.
9. Update the Child Welfare Information System within required timeframe.

When case closure is unplanned, documentation must include:

1. Agency diligent efforts to help ensure proper transition with the family,
2. Any additional actions taken to assess child safety,
3. The reason(s) for case closure, and
4. A letter to the family indicating the reason for unplanned closure and what actions the agency has taken or will take, as well as a list of resources available to the family.

## **Human Trafficking 615-855**

Case workers must identify, report, determine services for and document the case activity involving any child, for which the agency has an open case, who has been or is suspected to have been a victim of human trafficking as described below.

Human trafficking, or trafficking in persons, is defined in [NDCC 12.1-41](#) as “the commission of an offense created by sections 12.1-41-02 through 12.1-41-06;” which include “trafficking an individual, forced labor, sexual servitude, patronizing a victim of sexual servitude, and patronizing a minor for commercial sexual activity.” While the suspected trafficker may not be a “person responsible for a child’s welfare” under North Dakota law, the reported victim must be considered an alleged deprived child.

ND State law recognizes “human trafficking” as including many elements of exploitation. [PL 113-183](#), Preventing Sex Trafficking and Strengthening Families Act, specifies the identification of sex trafficking victims. Any minor under the age of 18 engaged in a commercial sex act is a victim of sex trafficking. Child sex trafficking is not limited to prostitution, but can include stripping, pornography, live-sex shows, or the exchange of sex acts for necessities such as food, shelter, and/or clothing. Under U.S. federal law, a victim of sex trafficking is a person who is recruited, harbored, transported, provided for, or obtained for the purpose of a commercial sex act. A victim of severe sex trafficking is one who is induced by force, fraud, or coercion, or is under the age of 18 to perform a commercial sex act (Trafficking Victims Protection Act of 2000 ([PL 106-386](#))).

### Identifying Victims of Human Trafficking

While the suspected trafficker may not be a “person responsible for a child’s welfare” under North Dakota law, the reported victim, however, must be considered an alleged deprived child. Please see [NDCC 12.1-41-12](#) for information on immunity of minor.

### Labor Trafficking Indicators

The Trafficking Victims Protection Act of 2000 (TVPA) defines labor trafficking as: “The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.” Labor trafficking is a modern-day form of slavery. U.S. citizens, foreign nationals, women, men, and children can be victims of labor trafficking. Unlike adult victims, however, any sexually exploited child under 18 is considered a victim of labor trafficking, even if there is no force, fraud, or coercion.

Individuals at greatest risk of labor trafficking include the following:

- Runaway and homeless,
- Victims of abuse and neglect,
- Refugees or immigrants,
- Recruitment debt (fees charged to migrant workers),
- Isolation,
- Poverty, and/or

- Lack of strong labor protection

There are six (6) common types of labor trafficking:

- Domestic servant,
- Agriculture and animal husbandry,
- Traveling sales,
- A factory worker held in inhumane conditions,
- Carnivals, and
- Health or beauty services.

Evidence for labor trafficking can be found by observing the person's work and living conditions. Signs to look for include those in which the person is:

- Not free to leave or come and go;
- Unpaid, paid very little, or paid only through tips;
- Subjected to excessively long or unusual work hours;
- Not allowed breaks or suffers unusual work restrictions;
- Owes large debts and is unable to pay them off;
- Recruited under false pretenses concerning the nature and conditions of the job; and/or
- High security measures exist such as opaque windows, boarded up windows, bars on windows, barbed wire, or security cameras.

The following are common mental/behavioral/physical health indicators:

- Fearful, anxious, depressed, submissive, or paranoid,
- Unusually fearful or anxious behavior when discussions mention law enforcement, and/or
- Avoids eye contact
- Lack of health care;
- Malnourished appearance; and/or
- Signs of physical and/or sexual abuse, including physical restraint, confinement, or injuries.

Self-sufficiency indicators when a person does not have control over his/her own life in the following ways:

- Few or no personal possessions,
- No money or financial records or bank accounts,
- Not in possession of identification documents (e.g. ID or driver's license, social security card, passport, visa, etc.)
- Not allowed or able to speak for themselves (e.g. a third party may insist on being present and/or interpreting),
- Claims to be just visiting and unable to provide an address,
- Does not know what city he/she is in,
- A lost sense of time, and/or
- Numerous inconsistencies in their stories.

### Sex Trafficking Indicators

Under U.S. federal law, a victim of sex trafficking is a person who is recruited, harbored, transported, provided for, or obtained for the purpose of a commercial sex act. A victim of severe sex trafficking is one who is induced by force, fraud, or coercion, or under the age of eighteen to perform a commercial sex act. The term "sex trafficking victim" is the same definition as found under the Trafficking Victims Protection Act of 2000 ([PL 106-386](#)) including that Act's definition of "a severe form of trafficking in persons."

Child sex trafficking occurs when minors are involved in commercial sex acts. Sex trafficking cases involving minors do not require force, fraud, or coercion as they do for adults over eighteen years of age. If a minor has been recruited, enticed, harbored, transported, obtained, exploited, or maintained to engage in commercial sexual activity, a sexually explicit performance, or the production of pornography, then the minor is a victim of sex trafficking. Victims of child sex trafficking can be recruited outside schools, bus and train stations, group homes, shopping malls, or through social media and other internet sites.

Some child victims of trafficking enter the child welfare system with a known trafficking history because they have been referred through law enforcement or there is other evidence of trafficking. In other cases, a child who is receiving child welfare services may have a less visible history of being trafficked.

Indicators that a child may be at great risk of sex trafficking include:

- Limited or severed family connections;
- In foster care or juvenile justice care;
- History of physical or sexual abuse or neglect;
- Runaway and homeless;
- Sexual and gender minority (LGBTQ+);
- Prior involvement with law enforcement;
- Dropped out of school;
- Refugee or immigrant status;
- Does not live with parents and may not know the whereabouts of parents; and/or
- Intangible needs including:
  - Low self-esteem or self-worth;
  - Lack of understanding of, or experience with, healthy relationships;
  - Desire for belonging, love, and affection;
  - Desire for family or community support;
  - Desire of perceived need for protection; and/or
  - Desire for material possessions.

The following is a list of characteristics that suggest a subculture of sex trafficking:

- Items, such as clothing, provided by the trafficker that could indicate the minor is being prostituted;
- Cell phones or other communication devices that link a victim to a trafficker;

- Use of gang signals;
- Unique language and terminology that suggests the subculture;
- Housing, addresses, building descriptions, or street locations associated with commercial sexual exploitation; and/or
- Tattoos that denote control or ownership, particularly around the neck and wrist.

The adults in life of a child who is being sexually trafficked can include those who:

- Use coercive tactics to bond their child victims to them;
- Position themselves as romantic partners or caregivers of the child;
- Are viewed as an adult friend by the child victim;
- Are not related to the child; and/or
- May give the child money or gifts.

Living conditions that indicate a child is a victim of sex trafficking can include the following:

- Works where he/she lives;
- The address changes frequently, or cannot identify his/her home address;
- Possesses hotel keys;
- Has frequently run away from home;
- Lives with other unrelated people and/or the heads of household are unrelated adults;
- Lack of personal space or shares living space with multiple people; and/or
- Returns to an unsafe living situation despite intervention.
- Large amounts of cash and condoms;
- Sparsely furnished rooms with no, or few, personal possessions;
- Sex advertisements;
- Multiple televisions and pornographic movies;
- Timers which may be used to time sexual services; and/or
- Tinted windows, buzz-in entrances, video cameras, barred or locked windows, locked doors, covert video security, or guards.

Common mental/behavioral/physical health indicators of sex trafficking include those who:

- Are obviously troubled but do not self-identify as victims of any abuses or problems;
- Provide inconsistent stories or stories lacking in significant detail;
- Give deceptive responses to questions;
- Avoid eye contact with responders;
- Display symptoms of post-traumatic stress including anxiety, depression, addictions, panic attacks, phobias, paranoia or hyper-vigilance, or apathy;
- Have developmental delays, enuresis, or fecal incontinence;
- Exhibit cultural shock from finding themselves in strange countries or communities; and/or
- Are not allowed or able to speak for themselves.
- The lack of an adequate medical history;
- A malnourished appearance;

- Signs of physical and/or sexual abuse including physical restraint, confinement, or injuries;
- Bed bug bites;
- Reproductive problems caused by unsafe abortions;
- Physical injuries related to sexual activity such as pelvic pain and urinary tract infections, sexually transmitted diseases, and mutilations;
- Infections from unsanitary tattooing;
- Broken or missing teeth and mouth and gum disease; and/or
- Substance abuse or addiction.

Financial indicators that a child is a victim of sex trafficking is one who:

- Claims to have a job but does not indicate where he/she works;
- Has little or no access to earnings and no bank account;
- Has an unusually large amount of money;
- Is indebted to others (adults or peers);
- Reports working in a strip club, night club, bar, or massage parlor;
- Works excessively long or unusual hours;
- Is not allowed breaks or suffers under unusual restrictions at work;
- Is recruited under false pretenses concerning the nature and conditions of the job; and/or
- Is not in possession of identification documents (e.g. ID or driver's license, social security card, passport, visa, etc.).

Education indicators that a child may be a victim of sex trafficking if he/she:

- Has significant and unexplained gaps in attendance;
- Displays severe exhaustion during the school day;
- Does not participate in or show interest in after-school activities; and/or
- Is not enrolled in school.

### Reporting Suspected Human Trafficking

Agency case workers must remain educated on the wide variety of situations that might indicate a child has been trafficked. In the event it is determined that a child was a victim or sexually exploited; the agency case worker will ensure medical screenings are initiated, services are provided to the child and all required documentation (SFN 960, safety planning, sentinel events, etc.) is completed.

Reports of suspected child abuse and neglect that involve human trafficking of a minor are processed in the same manner as any other report of suspected child abuse or neglect. Reports containing concerns of labor or sex trafficking of a child require immediate agency response (i.e. Response Time A) per 640-01-10-10-01. Such concerns indicate possible criminal activity and therefore, notification of law enforcement is also required. North Dakota law allows for the sharing of confidential victim information by law enforcement when such information is necessary to ensure provision of services or benefits for the victim or the victim's family ([NDCC 12.1-41](#)).

In an investigation of or a prosecution for an offense, a law enforcement agency and state's attorney will keep confidential the identity, pictures, and images of the alleged victim and the family of the alleged victim, except to the extent that disclosure is:

- Necessary for the purpose of investigation or prosecution;
- Required by law or court order; or
- Necessary to ensure provision of services or benefits for the victim or victim's family.

### Role of the Case Worker in Human Trafficking Cases

The role of the case worker includes the ability to establish rapport and a trusting relationship with the trafficked victim and to identify and access local, state and federal resources to address the victim's needs comprehensively.

Case workers must consider the following factors:

1. Protecting the victims' rights and ensuring informed consent;
2. Completing initial and ongoing assessments of present and impending danger;
3. Providing ongoing safety planning with the victim and the victim's family;
4. Facilitating child and family teams to include case planning that addresses safe housing, physical and mental health services, substance abuse treatment and other services as necessary;
5. Working in partnership with the child and parents/caregivers in developing the case plan and establishing goals that are important to the child victim and the victim's family;
6. Organizing the case plan in a phased manner so the victim and the victim's family do not get overwhelmed;
7. Developing reasonable expectations and achieving perspective;
8. Supporting their ability to recognize progress and manage challenges;
9. Locating appropriate resources and services, including a professional with clinical and trauma expertise on the child and family team, to assist case workers in identifying potential resources, strategizing for individualized service delivery, and creating appropriate and sometimes unique interventions;
10. Communicating and following up with professionals within the criminal justice and/or social service system; and
11. Ensuring the victim and the victim's family understand the roles of professionals involved in their lives.

If the victim's parent/caregiver is suspected of being the trafficker, this person is considered an alleged subject of child abuse and in most situations the child would be placed out of the home. If the child is not placed out of the home and in-home case management services are provided, the involvement of the offending parent/caregiver in the case must be carefully considered. The case worker will consult with the supervisor to determine the level of involvement in the case.

### Services for Victims of Human Trafficking

Victims of human trafficking need comprehensive and intensive therapeutic services. Case workers are to collaborate with the child and family team to develop an

individualized case plan specific to these needs. This plan will address the need for safe housing, physical and mental health services, substance abuse treatment, therapeutic foster homes, and other services.

It is recommended that trafficking victims receive trauma focused therapy at the earliest possible time following identification as a victim of trafficking. Services are best provided from a victim-centered perspective. While each case and victim of human trafficking will be different, victims typically have many of the same service needs. Additional services and resources can be found at:

- [Clinicians - Treatment Collaborative for Traumatized Youth](#)
- [North Dakota Human Trafficking Task Force](#)
- Contact Youthworks ND for information on their Anti-Human Trafficking program and to be connected with a Human Trafficking Navigator.

## **Sentinel Events and Incident Reporting 615-860**

ND child welfare agency workers are required to report sentinel events and incidents to Children and Family Services (CFS) when they witness or become aware of situations involving a child, as noted within this policy.

Incident and sentinel event reports involving a kinship caregiver or licensed foster care provider are limited to CPS reports where the individual is identified as the subject and when a child in foster care is the cause of property damage resulting in a financial claim. If the agency case worker is uncertain whether a situation is a sentinel event or an incident, consultation is available by contacting a CFS Field Service Specialist.

### Sentinel Event

A sentinel event is defined as any unexpected occurrence involving death or serious physical or psychological injury or an event signaling the need for immediate investigation and response by the agency. Examples of a sentinel event include, but are not limited to:

1. Death of the child who is active in an open CPS assessment or case management service.
2. Death of a parent who is active in an open CPS assessment or case management service, and the cause of death was determined to be a tragic event where the child was present and received psychological impact.
3. Abduction of a child who is active in an open CPS assessment or case management service.
4. Serious physical injury involving a child who is active in case management service where the child is in serious or critical condition as determined by a medical professional. This may include suicide attempts where a child harms themselves with any intent to end their life but does not die as a result of their actions.

5. Serious psychological consequences involving a child active in case management service as a result of a child's involvement in the occurrence of significant violence, torture, or inappropriate restraint.
6. Inappropriate sexual conduct (sexual abuse or assault by a parent, guardian, foster care provider, kinship caregiver, peer or other identified individual) involving a child active in case management services.

### Incidents

An incident is an unplanned occurrence involving a child who is active in case management services. Examples of an incident include, but are not limited to:

1. A child's injury or illness requires medical attention.
2. A report of suspected child abuse identifying a child in foster care as a victim and their caregiver or licensed foster care provider is identified as the subject, or the child is considered a subject of the report.
3. A runaway occurs when a child leaves or remains absent without permission.
4. Criminal activity where a child engages in actions or conduct that violate the law and are considered to be harmful, violent, threatening, or disruptive to individuals or society as a whole.
5. Harassment to or from a child; defined as unwelcome conduct against the individual based on a protected characteristic creating a hostile environment.
6. Discrimination to a child who identifies as being discriminated against.
7. Damage to property caused by a child in foster care resulting in a financial claim to the department.

### Agency Responsibility

Upon witness to or knowledge of an incident or sentinel event, the agency case worker must immediately send a report to relevant parties. Notification includes the child's parent(s), agency director and supervisor, and the assigned CFS Field Service Specialist. Notification can be made by phone, voicemail or e-mail as soon as possible, but no later than twelve (12) hours after the occurrence.

Information must include:

1. Name of child and case#
2. Date, time, and place of incident
3. Physical address where the incident took place
4. Brief description of the incident; outcome if known and next steps
5. Indication if the child's family was notified.

In the event of a runaway child, the agency case worker is also responsible for following the Missing Children policy requirements.

### CFS Field Service Specialist Responsibility

Children and Family Services employees must enter pertinent data into the Risk Management incident reporting system. The assigned CFS-FSS will:

1. Enter all incidents and sentinel events into the ND OMB Risk Management incident reporting system <https://incidentreporting.omb.nd.gov/> within 24 hours of being notified.
2. Submit any subsequent information, not to include a SFN 960 unless requested by authorized staff, as an attachment to the initial incident report to the State Risk Management OMB system and email the HHS Risk Management worker directly.
3. Send notification via email of all sentinel events to [cfssentinel@nd.gov](mailto:cfssentinel@nd.gov) and include other individuals as needed.

## **18+ Continued Care 615-865 – *Coming soon!***

### **Dual Status Youth 615-870**

Dual Status Youth (DSY) are those who have active involvement in one system (either child welfare or juvenile justice) with concurrent involvement and/or history in the other system within the past year.

Human Service Zone directors, supervisors, child protection workers, and case workers must be trained and familiar with Dual Status Youth (DSY) Initiative protocols. The protocol is located on the ND Supreme Court website located at <https://www.ndcourts.gov/dual-status-youth-initiative>. The DSY protocol outlines standardized cross-system practices for agency workers to follow throughout the child welfare and court systems. These practices aim to change the trajectory of a child's case and to prevent the child from entering or becoming further involved in the juvenile justice and/or child welfare system. In order to achieve the best possible oversight and coordination of DSY cases, North Dakota has assigned CHINS Specialists to serve as the local Dual Status Youth Liaison. Each DSY Liaison will collaborate with the Human Service Zone and Juvenile Court to identify dual status youth cases and further assist in scheduling a Family Centered Engagement meeting with the ND Department of Health and Human Services (HHS) contracted vendor.

#### Identification of Dual Status Youth

North Dakota has an information sharing memorandum of understanding between the North Dakota judicial branch and HHS, which allows for the identification of dual status youth and initial communication between Juvenile Court officers, CHINS Specialists and Human Service Zones.

An automated report is generated from the Juvenile Court E Supervision (ESUP) database a Child Welfare Information System identifying dual status youth. A CHINS DSY automated report is generated cross referencing Juvenile Court ESUP database and the CHINS List in Teams. The report combines data from all databases, matching youth who meet the criteria of dual status. The report reviews system with concurrent and/or history of involvement within the last year in the other. Human Services Zone

workers will be notified by the DSY Liaisons from either Juvenile Court or CHINS when there is dual status youth on their caseload.

#### Human Service Zone Responsibilities

Human Service Zone child protection workers or case workers will be informed by the DSY Liaison that a youth on their caseload has matched as dual status. The DSY Liaison will send the assigned Zone employee an email (a designated Zone director or supervisor will be included in the email notification) indicating they are to engage with Juvenile Court to discuss the dual status case within 48 hours of notification.

The responsibilities of the Human Service Zone assigned worker include:

1. Reviewing the Child Welfare Information System program dates and other case specific information that led to the child being identified as DSY.
2. If the case action was most recently opened under CPS, IH or FC, the Zone worker will contact the Juvenile Court and CHINS specialist within 48 hours of receiving the email notification.
3. If the case action was most recently opened in Juvenile Court, the Juvenile Court officer will be contacting the Zone's assigned worker within 48 hours of receiving the email notification.
4. Facilitating a conversation with the Juvenile Court officer to discuss the youth and to share pertinent information.
5. Determining if a referral to Family Centered Engagement (FCE) is necessary.
6. When it is the youth's first time being identified as DSY, then a FCE meeting must occur (even if the case has already been closed). The "New" DSY status will be identified in the email from the DSY liaisons.
7. Reviewing the goals of the current plan.
8. Attending the FCE meeting.
9. Monitoring the case and scheduling a follow up meeting. If probation is currently active, then the child welfare worker and Juvenile Court officer assigned, must communicate to schedule the follow up meeting within 30 days of the initial FCE meeting to review the plan developed as a result of the meeting and determine whether the plan needs to be changed. The Human Service Zone worker assigned to the case must attend the DSY youth follow up meeting whether they are actively open with the family or closed.

#### Expectations of FCE Attendance:

DSYI cases with an open CPS assessment, invite Child Protection Workers to:

1. Present current goals related to case planning and provide pertinent details surrounding placement that pertain to the FCE meeting;
2. Discuss any ongoing concerns for youth and family; and
3. Provide ideas to assist the family with services, supports, resources, and/or updated safety planning information.

## **CPS Report Received During Open Case Management 615-875**

When the Human Service Zone has case management services, it is not uncommon for a new report of suspected abuse or neglect concerning the family to be received or for an assigned case worker to observe or receive new information about a family or parent/caregiver. When suspected child abuse or neglect is reported, observed, or received the agency must respond accordingly.

### Requirements for CPS Reports with Open for Case Management

When a report of suspected child abuse or neglect is made while the family is receiving case management, a team of professionals comprised of the case worker, the case worker's supervisor, the CPS worker who completed the most recent CPS assessment with the family and the CPS worker's supervisor will meet to review the concerns no later than three (3) days after receipt of the report by the agency. When technical assistance is needed, the CFS Field Service Specialist can also participate in the meeting.

This team of professionals will decide if the concerns will be administratively assessed by the case management case worker or if a full assessment by a CPS worker is necessary. Reports that require extensive collateral information, medical records, etc. may be more appropriately assessed by the CPS worker. During this meeting, the team of professionals will decide:

1. If modifications to the present danger plan or safety plan are required;
2. Whether referral for an FCE meeting will be completed;
3. If updates to the PCFA, case plan or PCPA are necessary; and/or
4. If an emergency CFTM must be scheduled.

The case worker will assess the reported concerns of suspected child abuse and neglect by meeting with the child face to face within the timeframes established in CPS policy, [Response Time Decision 640-01-10-10-01](#). The case worker will meet face to face with the parents/caregivers within five (5) days from the decision to assess the report administratively to determine what action, if any, is necessary to address the concerns. The case worker will meet with collateral sources and safety service providers within seven (7) days from the decision to assess the report administratively.

During the discussion with the family, collateral sources, and safety service providers key topics must be discussed including:

1. If a present danger plan has been put in place and if so, whether any changes to the present danger plan are necessary;
2. Whether a revision to the safety plan is needed to ensure it remains sufficient to control impending danger;
3. If a referral for an FCE meeting has been or will be made due to the risk of the child being placed out of home; and
4. Whether any changes are needed to the PCFA, case plan, or PCPA and the timing of the next child and family team meeting as a result of the new circumstances.

### Documentation of Administrative Assessments

Information related to administrative assessments must be documented in the case activity log of the Child Welfare Information System including:

1. The specific concerns reported and the response by the agency (e.g. present danger plan, revisions to the safety plan, location of the child and justification of removal when applicable, changes to the case plan, etc.);
2. Whether a present danger plan has been implemented;
3. If a referral for an FCE meeting was made and if not, why;
4. Whether the case plan will be modified due to the present circumstances; and
5. The anticipated date of the next child and family team meeting.

The assessment of additional safety concerns and needed interventions will be documented in the PCFA (if still in process) or PCPA and incorporated into the existing safety plan. The following document, originals or copies, must be filed in the agency case record:

1. Present Danger Assessment and Present Danger Plan (SFN 455) when applicable;
2. A copy of the FCE meeting referral when one has been completed;
3. Safety plan when modifications have been made; and
4. Revised PCFA or PCPA and case plan, as applicable.

### Exceptions for CPS Reports on Case Management Cases

Child Protection Services policy, [Reports with Open CM 640-01-05-20-10](#) indicate when the concerns are of a criminal nature (e.g. sexual abuse, physical abuse, human trafficking) or if the family has revealed information indicating a child may have been a victim of a crime, a referral will be made to law enforcement for a joint assessment/ investigation with a CPS worker.

### **Case Management during an Appeal of a CPS Decision 615-880**

Following a finding that services are required to provide for the protection and treatment of an abused or neglected child, the subject may choose to file an appeal of the decision per [NDAC 75-03-18](#). This policy directs the case worker regarding the handling of such requests.

### Requirements During the CPS Appeal Process

Regardless of whether the appeal of a child abuse and neglect decision is submitted prior to or following the case transition from CPS to case management, the agency is responsible to proceed with providing case management. This includes assessing and managing impending danger threats per the CPS Assessment and Safety Plan Determination.

The case worker is responsible to make ongoing diligent efforts to assess safety of the child during the appeal process. The case worker's visits with the parents/caregivers and child must support quality assessments of safety as well as monitoring and updating the safety plan when additional impending danger threats are identified.

Diligent efforts include working to engage the family in needed safety-related services and facilitating the family's access to those services.

#### When the Subject Requests a Letter of Support During the Appeal Process

At times, the subject of child abuse and neglect decision that services are required may request that the case worker write a letter of support for use in their appeal. If the case worker chooses to write a letter, it must be factual such as listing the number of face-to-face contacts or in-home visits the case worker has had with the subject, parent/caregiver, and child, or information on their participation in any service. The case worker must avoid stating opinions about the CPS assessment or determination, or judgement statements about the subject's character, honesty, or other personal characteristics. The case worker will refrain from giving the subject any direction on how to handle the CPS appeal; rather, refer those requests to the CPS worker or the CPS supervisor.

#### Documentation During the Appeal Process

The case worker will document ongoing diligent efforts to assess child safety in a case activity log of the Child Welfare Information System. The case worker must document how safety was assessed whether there were any present or impending danger threats identified, and how the case worker and agency appropriately responded to any identified present or impending danger threats during the appeal process. Originals or copies of any present danger assessments, present danger plans, and safety plans completed during the appeal process must be filed in the agency's case record. If the case worker writes a letter of support, a copy of the letter must also be filed in the agency's case record.

### **Case Management when a Family Relocates 615-885**

When a Human Service Zone agency learns a family currently receiving case management services without court intervention, has moved to a new Human Service Zone, the sending Zone must notify the receiving Zone of the family's new residence. Notice must be provided to the new zone of residence within seven (7) days of learning the family has moved and efforts made to initiate Warm Handoff 2, Case Transition Staffing.

When impending danger threats are present within the family, the receiving Human Service Zone must accept the case for case management and assist the family in accessing services in their new community per the existing safety plan and case plan. For cases involving court ordered services, the receiving case worker will meet with the Zone state's attorney within fifteen (15) days to determine if the case needs to formally be transferred to the new jurisdiction.

The sending and receiving Human Service Zone agencies must convene a Warm Handoff 2, Case Transition Staffing within seven (7) days of learning about the move to determine if the case will fully transfer to the new county of residence or if the original agency will remain active in case management.

1. If all members of the family move to the new Zone area, a full case transfer is typical course of action.
  - a. The sending case worker will transfer the case to the receiving case worker and document the case transfer as a case activity log in Child Welfare Information System.
  - b. The receiving case worker will document receipt of the request as a case activity log in the Child Welfare Information System and assume case management services going forward.
2. If select members of the family remain in the originating Zone, a transfer may not be in the best interest of the family, meaning the primary case worker will remain active and be responsible for managing the case with collaboration from a secondary case worker in the new Zone.
  - a. The initial agency and primary worker will collaborate with the secondary case worker and family members when scheduling and convening Child and Family Team Meetings (CFTM) and when completing or modifying all assessments and plans (present danger assessment, present danger plan, safety plan, PCFA, case plan, PCPA).
  - b. The new agency and secondary worker will provide courtesy case management to the family members in the local Zone in consultation with the primary agency's case worker. This includes the required visits with family members residing in the area.
  - c. Both the primary and secondary case workers will be responsible to document visits with the child and parents/caregivers as applicable to the case.

#### Documentation of Family Moves

In situations where the family moves from one Human Service Zone to another, the sending case worker will either maintain the case or transfer the case to the receiving case worker and document the decision in a case activity log of the Child Welfare Information System.

### **Services and Supports 615-900**

Child welfare agencies are responsible for ensuring the safety, permanency, and well-being of children and families they serve. To fulfill this responsibility, agencies shall ensure access to a coordinated array of services and supports designed to prevent child maltreatment, address identified risks and promote family stability and resilience.

Services and supports may include prevention, intervention, treatment and aftercare resources that are responsive to the diverse needs of children, youth, and families. These services should be trauma-informed, culturally appropriate and delivered in the least restrictive setting possible. Agencies shall collaborate with families, community partners, and service providers to ensure timely access to supports that strengthen protective factors, support permanency outcomes and promote positive child and family well-being.

## **Kinship ND 615-920**

The Kinship-ND program is funded through the federal Children's Bureau after authorization for the program was granted by Family First Prevention Services Act. Kinship-ND started in March 2021 providing navigator services across North Dakota.

Kinship-ND assists kinship caregivers who have assumed the full-time care of a child with whom they are related or have a preexisting relationship to when the child cannot remain in their own home.

Kinship-ND has two financial resources available to North Dakota families:

1. Kinship - ND Reimbursement
  - a. The family does not need to be working directly with a child welfare agency in order to access these funds.
  - b. A Lifetime maximum does apply
2. Kinship - ND Allowance Assistance
  - a. The family must be working directly with a child welfare agency with no public custody, but open case management in order to access funds.
  - b. Monthly maximums do apply
  - c. Program eligibility and requirements can be viewed under resources in Supporting Documentation.

For more information view the Supporting Documents 615-3000 or the program website at [Kinship ND](#).

## **Respite 615-935**

Throughout the life of the case, managing safety and providing service is achieved by ongoing engagement and assessment conducted by the agency. Respite care is defined as a pre-planned arrangement available to a parent/caregiver/provider who needs temporary relief care for a child with special medical, emotional, or behavioral needs who requires time-limited supervision and support by an eligible respite care provider. Children may require additional support to maintain stability in their primary placement and respite care is a service the agency can consider. Respite care can be a highly effective reasonable effort to prevent removal from the home.

### Eligible Children

Respite care is available to children under the age of 18 involved with the following public agencies:

1. Human Service Zones
  - a. Child Protection Services (CPS)
  - b. Case Management (In Home/Foster Care)
2. Division of Juvenile Services (DJS)
  - a. Foster care placement
3. Tribal Social Services
  - a. Foster care (IV-E) clients

4. Post-Adoption
  - a. Department subsidy recipient only, must first expend funding from ND Post Adopt.
  - b. A Department subsidy recipient who is dually involved with a Human Service Zone and post adopt services may access CFS respite funds while their case remains open with the Human Service Zone.
5. Post-Guardianship
  - a. Department subsidy recipient and those who were previously involved in North Dakota child welfare within the last 12 months prior to the establishment of a guardianship, must first expend funding from ND Post Adopt.
  - b. A Department subsidy recipient who is dually involved with a Human Service Zone and post guardianship services may access CFS respite funds while their case remains open with the Human Service Zone.

A child may be at home with a parent or in an out-of-home placement with a kinship caregiver receiving case management or child protection services. A child does not have to be under public custody or have court supervision required of the agency in order to access respite care.

#### Respite Care Request and Provider Agreement

The agency case worker is responsible to assist with completing the required paperwork and identifying a licensed provider willing to offer respite care.

1. Agency workers will submit Part 1 of the [SFN 929](#), "Respite Care Referral and Agreement" requesting pre-approval to the Children and Family Services (CFS) Licensing Unit at [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov).
2. If the request is approved, the agency case worker must submit the [SFN 929](#) "Respite Request and Provider Agreement" Part 2. This form must be submitted via email to the CFS Licensing Unit no greater than 30 days after the respite care episode has occurred in order to ensure reimbursement is made to the provider timely. Failure to submit claims within the required timeframe may result in nonpayment.
3. Respite care providers can only provide respite care to the child identified on the agreement. One [SFN 929](#) can accommodate multiple respite care episodes for the same child if it is clearly documented on the form.

Respite Care providers approved to offer respite include a:

1. Licensed foster care provider;
2. Licensed childcare providers; or

In order to receive reimbursement, the licensed provider must:

1. Sign the [SFN 929](#) specific to the respite care provided to each eligible child.
2. Sign and submit a W-9 ([SFN 53656](#)) and voided check. If the licensed foster care provider is in need of assistance in completing paperwork they should contact their licensing specialist, their child's case worker or [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov).

### Foster Care Provider License Amendment

The Department is not required to amend a foster care provider's license to accommodate respite care when the SFN 929 is signed. The form provides a waiver in the event the number of beds needed when providing respite exceeds the number on the license. Children and Family Services (CFS) will review the licensed bed capacity, discuss need, sleeping arrangements and appropriateness of the respite care in lieu of amending the formal license.

### Foster Care Providers Licensed by Tribal Nations and Nexus PATH

Agencies licensed or approved including Tribal Nations and Nexus PATH have policy and procedure to administer respite care payments within their agency structure. An eligible child may utilize a licensed or approved Tribal Nation or treatment foster care provider if pre-approved by the authorized licensing agency.

The respite care provider is required to sign the [SFN 929](#) when:

1. Respite Care to a Non-Agency Client: In order to offer respite to a child who is not a current client in placement with the agency, the referring agency must seek preapproval from the authorized licensing agency to utilize their provider home before submitting the [SFN 929](#) for preapproval to provide respite care, the foster care provider will be reimbursed directly from CFS.
2. Respite Care to an Internal Agency Client: If the respite care episode will bring the treatment foster care provider over the licensing capacity, the provider must sign the [SFN 929](#). Children and Family Services (CFS) respite payments are not associated with the internal agency respite care payment structure. However, CFS must pre-approve respite care episodes in an effort to eliminate the need to amend the license.

### Length, Duration, and Frequency of Respite Care

There is no limit on the number of respite care episodes an eligible child may receive; however, there is a limit to the length of time for each episode based on type:

1. Overnight Respite
  - a. Respite care provided to a child during overnight hours cannot exceed four (4) consecutive calendar days in a seven (7) day period.
  - b. Example: A child who is pre-approved for respite is eligible to receive respite for 4 consecutive calendar days (e.g.: Friday, Saturday, Sunday and Monday). The child must return to their primary placement no later than Monday, the fourth consecutive calendar day.
2. Daytime Respite (Non-overnights)
  - a. Respite care provided to a child during the day without overnight hours cannot exceed more than twelve (12) daytime hours in a seven (7) calendar day period.
  - b. Example: A child who is pre-approved for respite is eligible to receive 12 hours of respite each week. This may include four afternoons for three hours per respite episode.

### Respite Care Reimbursement

Respite care funds are managed by Children and Family Services (CFS). Reimbursement is allowed for pre-planned and pre-approved respite care needs. Reimbursement is paid directly to the licensed provider listed on the [SFN 929](#).

1. Foster Care Provider
  - a. Daily rate is determined by the Department and managed by CFS. For more information about the current respite care rate refer to the [ND Payment Rates](#). The rate is subject to change dependent on program budget.
  - b. If there is a child in foster care receiving an excess maintenance payment (EMP), the child's EMP may be reimbursed if the child's daily rate + EMP are higher than the respite care rate determined by the Department.
2. Child Care Provider
  - a. Child care costs vary per community standards. CFS will pay the community rate.
  - b. A [SFN 920](#) is required to be completed and submitted as part of the reimbursement. Respite costs cannot be used to reimburse a foster care provider who is also a childcare provider based on 623-05-30-20.
3. Additional Costs: Respite care funds can cover additional costs associated with providing respite care. All additional costs must be pre-approved by Children and Family Services and may include, but are not limited to:
  - a. Transportation costs to a child's school of origin.
  - b. Childcare costs when a child placed with a provider does not utilize childcare during the week, but the respite provider works full-time and would need childcare during the day. The childcare costs to a licensed childcare setting can be included as additional costs paid to the respite care provider. A [SFN 920](#) is required to be completed and submitted as part of the reimbursement. Respite costs cannot be used to reimburse a foster care provider who is also a childcare provider based on 623-05-30-20.

Respite placements are not entered into the Child Welfare Information System; all respite placements are managed by Children and Family Services in a separate system for statewide data tracking.

### **Shelter Care 615-940**

Out-of-home placement is required when present danger exists in the home and cannot be controlled with an in-home present danger plan. Planning to control present and/or impending danger threats is a critical child welfare agency responsibility. When present danger occurs, the agency must follow the policies within this manual pertaining to the present danger assessment and present danger plan. If present danger exists and out of home placement is warranted, agencies have

options to consider during the initial assessment of present danger, while identifying impending dangers and case planning. In lieu of seeking a temporary custody order (TCO) from Juvenile Court, options include:

1. Identifying and providing in-home supports.
2. Identifying/locating relatives to care for a child.
3. Utilizing a licensed foster care provider or a licensed childcare provider setting with a signed shelter care agreement ([SFN 928](#)) to temporarily care for a child.
4. Utilizing a certified shelter care program to temporarily care for children ages 10 through 17.

If the family is not cooperating with the present danger plan options above, the reasonable efforts to prevent removal are documented and the agency may then consider obtaining a temporary custody order (TCO) from Juvenile Court.

#### Shelter Care for Foster Care Cases

If present danger exists and a temporary custody order is obtained by Juvenile Court, Human Service Zones may utilize a licensed foster care provider to care for the child as an approved temporary safe bed option. If a child enters foster care under a TCO for greater than 24 hours, it is federally required that the case be opened in the Child Welfare Information System as a foster care program and documented for federal AFCARS reporting. In turn, this means the case will be reimbursed as a foster care placement and not reimbursed by shelter care.

Children who are placed as a diversion from foster care with parental permission and a present danger plan in a licensed provider's home are reimbursable through the CFS shelter care program funding and are not entered into the Child Welfare Information System; Children and Family Services manages these placements in a separate system for statewide data tracking.

#### Shelter Care – Family Settings

Settings approved for the purpose of shelter care include:

1. Licensed or approved foster care provider (foster home) or
2. Licensed or approved childcare setting (family home or center) licensed per ND Early Child Care regulations as a center, group, family or is self-declared, certified, or holds some other formal status approved by the state.

#### Eligible Children - Family Settings

Shelter care is available to offer a temporary, safe and stable placement for a child until present danger no longer exists, or a safety plan is made with family. Eligibility includes children working with the Human Service Zone:

1. Known to or new to CPS where present danger exists,
2. Active in-home program where present danger exists, or
3. Legally removed from the home by a Temporary Custody Order (TCO) or placed in police protective custody.

### Length, Duration and Frequency of Shelter Care – Family Settings

Shelter care reimbursement and placement limits are specific to the type of shelter. Family setting (licensed foster care provider or childcare setting) may not exceed 14 calendar days in an episode. By day 14, the agency must determine if a temporary custody order is necessary or if the present danger has been remedied and the child is safe to return home. Children cannot be placed in back-to-back shelter care episodes in efforts to extend out of home care options.

### Shelter Care Reimbursement – Family Settings

Shelter care funds are state general funds secured to reimburse licensed foster care providers (including overnights) or licensed childcare providers (if licensed for overnight hours) when a child is in need of a temporary safe and stable placement until present danger no longer exists or a safety plan is made with family. The daily rate is determined by the Department and managed by CFS. For more information about the current shelter care rate refer to the [ND Payment Rates](#). The rate is subject to change dependent on program budget.

The [SFN 931](#), Shelter Care Placement Claim, must be completed and signed by the case worker, signed by the provider and submitted via email to the CFS Licensing Unit at [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov) no greater than 30 days after the shelter care episode has occurred. Failure to submit claims within the required timeframe may result in nonpayment. The [SFN 931](#) does not apply to certified shelter care programs.

In order to receive reimbursement, the licensed provider must:

1. Sign the [SFN 931](#), Shelter Care Placement Claim specific to the shelter care provided to each eligible child.
2. Sign and submit a W-9 (SFN 53656) and voided check. If the licensed foster care provider is in need of assistance in completing paperwork they should contact the child's case worker, the licensing specialist or [cfslicensing@nd.gov](mailto:cfslicensing@nd.gov).

Shelter care funds can cover additional costs associated with providing shelter care. Additional costs may include, but are not limited to:

1. Transportation costs to a child's school of origin.
2. Clothing may not exceed \$75 per child, and is limited to basic clothing items such as pajamas, socks, underwear, shirts, and pants. Items purchased during the shelter care episode must follow the child.
3. Childcare costs when the shelter care provider works full-time and would need childcare during the day. A [SFN 920](#) is required to be completed and submitted as part of the reimbursement. The childcare reimbursement must match the dates of placement the child was in the shelter care setting.
  - a. Childcare charges cannot differ from the charge/cost of any other child enrolled in the childcare setting. (e.g.: Every fulltime 4-year-old regardless of if they are in foster care must be charged the same rate). A bill for a child in shelter care cannot exceed the standard community rate identified in the childcare agreement. If the CFS Licensing Unit identifies

discrepancies of any kind, the case worker is responsible to remedy the payment concern.

- b. Case workers and/or licensed foster care providers should request a copy of the childcare provider's policy and payment agreement. If a payment agreement is not available, the case worker and/or the licensed foster care provider should discuss the expectations of reimbursement with the childcare provider and document the conversation. Without a specified payment agreement for a child in shelter care, CFS Licensing Unit can only pay for childcare for the days the child was in shelter care.

### **Certified Shelter Care Program Settings**

Certified shelter care programs are administered under [NDAC 75-03-14.1](#) and managed by an agency, who hire rotating employees that are at least 20 years of age and may work full or part-time for the agency. Employees must provide 24/7 care and supervision to eligible children. A certified shelter care program may utilize non-employees such as a student intern or volunteer; non-employees may support employees but may not depend on non-employees to carry out the duties of the certified shelter care program on a permanent basis. Certified shelter care programs are required to ensure employee and non-employee training requirements are met. Certified shelter care programs must ensure fire safety protocols are met onsite. In addition, sites are required to ensure proper food storage is followed to keep food safe and free from spoilage.

The certified shelter care settings are located throughout North Dakota, managed by an agency who hires rotating staff to facilitate supervision of children in need of a temporary safe bed. The list of [ND Certified Shelter Care Programs](#)

### **Child Eligibility for Certified Shelter Care**

Human Service Zones, Division of Juvenile Services (DJS) or Tribal Nations have access to place a child in need of safe care into a certified shelter care setting. Certified Shelter Care programs offer temporary care during which a child needs a safe bed outside of the home and the certified shelter care site is an early intervention strategy used to minimize crisis. Eligibility may include a child:

1. Known to or new to CPS where present danger exists
2. Active in the in-home program where present danger exists
3. Referred by State Operated Behavioral Health Clinic/Human Service Center, crisis services team
4. Legally removed from the home by a Temporary Custody Order (TCO).
5. Identified as a Child in Need of Service (CHINS) working with the local Zone.

### **Admission Criteria**

Admission criteria is determined by the certified shelter care program. Typically, the certified shelter accepts youth who are CHIPS, CHINS, placed by a State Operated Behavioral Health Clinic/Human Service Center or delinquent youth under the custody of the Division of Juvenile Services. Youth admitted must:

1. Be able to function independently and at an age-appropriate level while at the program.
2. Be able to respond to direction and verbal de-escalation.
3. Not require 1:1 supervision,
4. Not require physical intervention to de-escalate behaviors,
5. Not be under the influence of drugs or alcohol (unless cleared by a medical professional) or
6. Not be unsuccessfully discharging from a higher level of care.

Cases for placement can be staffed with the certified shelter on a case-by-case basis.

### Reimbursement

Certified shelter care program costs are to be paid for by the agency making referral for placement with the exception of Human Service Zones and State Operated Behavioral Health Clinics, where reimbursement is made by the Department, Children and Family Services.

Division of Juvenile Services and Tribal Nations are responsible for entering into a contract or payment agreement with certified shelter care program(s) to ensure reimbursement is made for respective temporary placements.

Certified shelter care program stay may not exceed seven (7) calendar days in an episode, unless otherwise approved by the Department.

1. If an additional 7 days is warranted, an extension request ([SFN 1781](#)) must be completed by the certified shelter care program staff and submitted to CFS at least three (3) days prior to placement expiration. Failure to submit the extension request within the required timeframe may result in the child having to be discharged within the initial seven (7) day period.
  - a. Extension requests must be completed in conjunction with the child's collateral contacts including, custodian, parent or guardian. The request must specify in detail the child's discharge plan, barriers to timely discharge from the shelter care program, pending safety services to return the child home and rationale for length of time needed.
  - b. Transitioning from one certified shelter care agency to another in efforts to extend a child's stay is prohibited.
2. If approved, a child's stay cannot exceed 14 calendar days in one episode, unless otherwise approved by the Department. A shelter care extension may on rare occasion be approved beyond 14 days on a case-by-case basis, only if there is an identified discharge plan including the date, person and location the child is being discharged to. An episode, for these purposes, is further defined as a child who remains in a certified shelter care program as part of an extension request regardless of the number of days approved through the extension. Any child approved through the extension process cannot return to a certified shelter program for 30 calendar days from date of discharge, unless otherwise approved by the Department.

3. A child who is placed in a certified shelter care program for less than 7 days and who unexpectedly leaves the facility without permission (ie. runaway), the certified shelter care program can allow for the child to return under the same episode if found within 24 hours. If a child is not located and returned to the certified shelter care program within 24 hours, the certified shelter care program must consider the child a new admission and placement time frames start over for youth who were placed less than 7 days.

#### Combined Stays - Family Settings and Certified Shelter

Agency case workers cannot combine shelter care family setting days and certified shelter care program days together for a consecutive out-of-home safety plan in efforts to divert from foster care entry. Safety Framework Practice Model limits present danger plans to a 14-day maximum, unless there are extenuating circumstances approved by a supervisor.

### **Family Centered Engagement 615-945**

Family Centered Engagement (FCE) meetings are an engagement strategy designed to create a participatory and inclusive process that brings together those with relationships to the children and service providers to improve child welfare agency decision-making and outcomes for eligible children. There are two tracks for FCE meetings:

1. Front-End (diversion from foster care) and
2. Dual Status Youth in Foster Care.

#### Track 1: Front-End Diversion

The goal of the FCE meeting is to divert the child(ren) from entering foster care.

Eligible children include those who are:

1. Temporarily removed via emergency order;
2. At risk of removal; or
3. Dual status youth who are involved in both the child welfare and juvenile justice systems, but not in foster care.

The FCE meeting referral must be completed once present danger has been assessed and the present danger plan is in place so that the child is safe and protected.

#### Track 2: Dual Status Youth in Foster Care

The goal of the FCE meeting is to maintain the current placement and avoid disruption or further court action. Eligible children include dual status youth who are in foster care and have:

1. Active involvement in both systems and have been identified as Dual Status for the first time.
2. Active involvement in one system (either child welfare or juvenile justice) with concurrent involvement and/or history in the other system within the past year.

### Referral and Meeting Timeframes

The CPS worker or case worker will complete a referral for an FCE meeting when it is confirmed the child is eligible. Eligible referrals should be made, and meetings convened, according to the following timeframes. If an eligible referral has multiple reports across multiple categories, the referring agency and facilitator will follow the timeframe of the highest category.

<b>Family Centered Engagement Meeting</b>		
<b>Category</b>	<b>Referral Timeline</b>	<b>FCE Meeting Timeframe</b>
<b>Category 1</b> Emergency Removal <i>(Out of home safety plan per present danger plan or Temporary Custody Order (TCO))</i>	Immediately	As soon as possible and prior to the shelter care hearing whenever possible.
<b>Category 2</b> Reports of suspected child maltreatment	Within 7 calendar days from receipt of the report of suspected child abuse or neglect (SFN 960)	Within 7 to 14 calendar days of the facilitator receiving referral from the agency.
<b>Category 3</b> Following CPS assessment <i>(If impending danger identified and an FCE meeting has not yet been held)</i>	Within 7 calendar days of completing the CPS assessment	Within 7 to 14 calendar days of the facilitator receiving referral from the agency.
<b>Category 4</b> During Open Case Management Services	Within 7 calendar days identification as a dual status youth or as soon as appropriate.	Consistent with degree of danger identified, which may range from immediately to 14 days of facilitator receiving referral from the agency.
<b>Category 5</b> Dual Status Youth - not in foster care	Within 7 calendar days identification as a dual status youth or as soon as appropriate.	Within 7 to 14 calendar days of the facilitator receiving referral from the agency.
<b>Category 6</b> Dual Status Youth - in foster care	Within 7 calendar days identification as a dual status youth or as soon as appropriate.	Consistent with likelihood of disruption of placement, further court action, which may range from immediately to 14 days of facilitator receiving referral from the agency.

Referral timeframes are best practice; however, there may be situations where the referral occurs outside of these timeframes. The agency should use discretion, erring on making a referral for a FCE meeting even when it is beyond the timeframes listed in the table.

Cases that are criminal in nature (e.g. sexual abuse or serious physical abuse) by a parent/caregiver would generally not be eligible for an FCE meeting. However, there are times when criminal child abuse and neglect charges have occurred, and an FCE meeting would benefit the children and potentially divert them from entering foster care. Human Service Zones have discretion when determining appropriate cases to refer for an FCE meeting, which can include cases that are criminal in nature. When

making the decision on whether or not to refer such a case, the agency should carefully consider whether or not an FCE meeting would impede a criminal investigation.

#### Meeting Participants and Special Considerations

Required participants during an FCE meeting include:

1. FCE facilitator;
2. Referring agency worker;
3. Both Juvenile Court and Human Service Zone worker for dual status youth; and
4. Parents/caregivers or custodian.

Parents/caregivers are seen as the experts of family needs and strengths. Their presence and involvement in the FCE meeting is critically important. Parents or caregivers can choose to opt out of the FCE meeting in which case the FCE meeting referral would not be completed, nor would a meeting be held. Children age twelve (12) and over, or as developmentally appropriate, should be supported and encouraged to attend the FCE meeting. Children younger than age twelve (12) should be considered for participation on a case by case basis.

When the child is an Indian child and ICWA applies, the Tribe should be invited to attend the FCE meeting. When an ICWA Family Preservationist (IFP) is assigned to the family, the IFP should participate in the FCE meeting.

Certain circumstances necessitate that an individual be excluded from participation in the FCE meeting. These circumstances include a perpetrator of domestic violence, a "no contact order" in place, or when it has been determined that participation could create an unsafe situation for other participants.

The referring agency must be diligent in considering risks related to having both the child victim and parent/caregiver subject attend the FCE meeting by ensuring any concerns are appropriately addressed prior to the meeting. The agency must guard against putting child victims into an uncomfortable situation with parent/caregiver subjects who may try to coerce or retraumatize them. If it is not appropriate for the child to attend the meeting due to such circumstances, or when there is a "no contact order" in place, the FCE facilitator should talk to the child separately about his/her wishes rather than have the child attend the FCE meeting.

The legal custodian (parent/caregiver or Human Service Zone) retains the authority to make decisions regarding meeting participants. If exclusion of a participant is necessary, the referring agency should consult with the FCE facilitator when making the referral.

#### FCE Purpose and Goal

The purpose and goal of an FCE meeting is to make a critical decision regarding child safety and protection through achieving the least restrictive and safest placement for the child. The values of Wraparound apply during the FCE meeting. Child safety and

permanency is best achieved through engaging the family, their support network, and the community. It is critically important for the child to maintain family and cultural connections throughout involvement with the agency. The child and parents/caregivers belong to a wider family system that can be resources for the child; therefore, they should be considered as potential safety service providers or placement options when a plan is developed during the FCE meeting.

### Scheduling and Agenda

The FCE meeting is arranged and held by a neutral facilitator and the referring agency worker participate as members of the team to share safety concerns, strengths and needs, and bottom lines.

During the FCE meeting the referring agency worker needs to be prepared to share the following:

1. Identified present danger and/or impending danger threats;
2. Any non-negotiables that exist in order for the child to safely remain with the parents/caregivers;
3. Any legal requirements regarding family members as potential placement options should the circumstances necessitate an out-of-home safety plan; and
4. Status of the current placement when a dual status youth in foster care.

The plan developed during the FCE meeting is put into writing by the facilitator and all participants leave the meeting with a copy of the agreed-upon plan. The facilitator will contact the referring agency six months after the FCE meeting to collect outcomes data on referred cases with the exception of dual status youth in foster care.

### Considerations for Dual Status Youth

There are situations when an FCE meeting is the more appropriate action, rather than a child and family team meeting. The following provides policy guidance to determine when a referral for an FCE meeting is justified for dual status youth.

Consider making a referral for an FCE meeting when:

1. The child has active involvement in both systems and this is the first time being identified as a dual status youth;
2. The child has active involvement in one system and previous involvement (within last 12 months) in the other system, and it is the first time being identified as a dual status youth;
3. The child is in detention and cannot return home; and/or
4. The child is in placement that is at risk of disrupting and the child cannot return home.

There will be circumstances that necessitate a subsequent FCE referral for a dual status youth. These circumstances include:

1. Additional information has been received, or significant change in circumstance has occurred, that elevates the child's risk for out of home placement/removal;

2. An additional concern that differs from the original notification/report or another legal charge has been received; and/or
3. The child's parents/caregivers or other professionals have requested an FCE meeting due to conflict within the child and family team that cannot be mitigated by the agency.

Refer to the DSYI Protocol for additional guidance in discriminating when a referral for an FCE meeting would be the appropriate action, rather than convening a child and family team meeting.

The FCE meeting referral and summary of the decisions made during the meeting must be documented in the case activity log of the Child Welfare Information System. If the family opts out of an FCE meeting, that must be documented in the case activity log of the Child Welfare Information System.

## Supporting Documents 615-3000

ND Child Welfare agencies have access to many resources, guidebooks, cheat sheets and workflow documents to assist in case movement and policy understanding. In addition to resources identified below, Children and Family Services has a general website [Child and Family Services](#) and [CFS Publications](#) with additional documents, handbooks, brochures, data and more.

## Safety Framework Tools and Resources

1. [ND Child Welfare Roadmap](#)
2. [North Dakota Safety Framework Practice Model Field Guide](#)
3. [SFPM Competency Matrix](#)
4. [SFPM Infographic](#)
5. [SFPM Brochure](#)
6. Majority of the Safety Framework Practice Model tool used by North Dakota child welfare are located on the Children and Family Services Training Center website at [CFSTC - SFPM Tools](#)
  - Tool 1: Child Protection Services Intake Form
  - Tool 2.1: [Present Danger Assessment Form](#)
  - SFN 455: [Present Danger Plan Form](#)
  - Tool 3: Child Protection Services Assessment Form
  - Tool 3: Child Protection Services Assessment with Instructions
  - Tool 3.1: Family Services Assessment
  - Tool 3.2: Abbreviated Child Protection Services Assessment
  - Tool 4: [Safety Plan](#)
  - Tool 5: [Protective Capacities Family Assessment \(PCFA\)](#)
  - Tool 5: [Protective Capacities Family Assessment \(PCFA\) with instructions](#)
  - Tool 6: [Case Plan](#)
  - Tool 6: [Case Plan with Instructions](#)
  - Tool 7: [Protective Capacities Progress Assessment \(PCPA\)](#)

- Tool 7: [Protective Capacities Progress Assessment \(PCPA\) with Instructions](#)

**Safety Framework Practice Model Hardcards:**

1. Tool 2A: [Present Danger Assessment and Planning Guide \(Hardcard\)](#)
2. Tool 3A: [Child Protection Services Assessment Guide \(Hardcard\)](#)
3. Tool 3B: [Impending Danger Threats & Danger Threshold Guide \(Hardcard\)](#)
4. Tool 3C: [Safety Determination Analysis Guide \(Hardcard\)](#)
5. Tool 5A: [Parent/Caregiver Protective Capacities Guide \(Hardcard\)](#)

**Court & ICWA Resources**

1. [Court Order Technical Assistance Guide \(2021\)](#)
2. [Court Order Hard Card: Foster Care DN 751 \(Red\)](#)
3. [Court Order 18+ Hard Card: 18 Plus Foster Care DN 752 \(Yellow\)](#)
4. [ND Court ICWA Hard Card](#)
5. [ND Court Desk Reference](#)
6. [ICWA – ND Resources](#)
7. [ICWA Inquiry Form](#)
8. [ICWA Inquiry Form Instructions](#)
9. [ICWA Quick Guide](#)
10. [Casey Family ICWA Resources](#)
11. [Federal Register of Tribes](#)
12. [JCO Guide for Release of Youth from Detention or Nonsecure Care](#)

**Case Management Resources:**

All resources updated and created for the Case Management Redesign have been temporarily stored on this site: [CM Redesign Resources](#)

1. [Blue Light vs. Protected Time](#)
2. [Children’s Treatment Services Assessment - ND Screening](#)
3. [CFTM Outline](#)
4. [Dual Status Youth Liaison Hardcard](#)
5. [Face-to-Face FC Monthly Face-to-Face Outline](#)
6. [Kinship-ND Allowance Assistance - Oct 2025](#)
7. [New Worker Orientation Roadmap](#)
8. [Relative Connection Resource](#)
9. [Relative Letter Template](#)
10. [Social Security Benefits for Children in Foster Care](#)
11. [Scaling Engagement](#)
12. [Transition Plan Agreement Procedure](#)
13. [Family Interaction Observation Tool](#)
14. [Family Interaction Planning Guide and Matrix](#)
15. [Parents’ Guide to Family Interaction](#)

**Supervisor Resources:**

1. [Supervisor Playbook](#)
2. [Supervisor Competencies](#)

3. [Case tracking document](#)
4. [Staffing form](#)

### **Quick Reference One Pagers & Workflows**

1. [Kinship ND Reimbursement vs. Allowance Assistance](#)
2. [Placement & Financial Options for Identified Relatives](#)
3. [Respite vs Shelter Care](#)
4. [Certified Shelter Workflow - State Operated Behavioral Health Clinic/HSC](#)
5. [Certified Shelter Workflow - CHINS](#)
6. [Certified Shelter Workflow - Human Service Zones](#)
7. [Children's Treatment Services Assessment – Workflow](#)
8. [Difficult to Place Workflow August 2024](#)
9. [Family Centered Engagement \(FCE\) Referral Form](#)
10. [Nexus PATH SFN 45 Workflow](#)
11. [ND Provider List Workflow December 2023](#)
12. [Kinship ND Brochure](#)
13. [Kinship Caregiver Services Chart-HHS](#)

### **Facility and Shelter Care Sites**

1. [Certified Shelter Care Programs](#)
2. [Qualified Residential Treatment Programs \(QRTP\) and Psychiatric Residential Treatment Facilities \(PRTF\)](#)
3. [Out of State Facility – Approved List](#)